2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N48882

1. Entity Name

NAPLES AREA TOURISM BUREAU, INC.



Principal Place of Business

2390 TAMIAMI TRAIL NORTH

SUITE 210

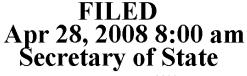
NAPLES, FL 34103

Mailing Address

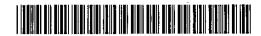
2390 TAMIAMI TRAIL NORTH

SUITE 210

NAPLES, FL 34103



04-28-2008 90358 037 ****61.25



04222008 No Chg-NP

CR2E037 (4/06)

4. FEI Number Applied For 65-0342023 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTIN, STEPHANIE D 2390 TAMIAMI TRAIL NORTH SUITE 210 NAPLES, FL 34103

changed, or on an attach

SIGNATURE:

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	. *	i				
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agant and title if applicable. (NOTE: Registered Agent sig				required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financ Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MORTON, EDWARD A 2390 TAMIAMI TRAIL NORTH, SUITE NAPLES, FL 34103	210				
NAME STREET ADDRESS CITY-ST-ZIP	FRIDKIN, JEFFREY D 2390 TAMIAMI TRAIL NORTH, SUITE NAPLES, FL 34103	210				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUESTON, C J 2390 TAMIAMI TRAIL NORTH, SUITE 210 NAPLES, FL 34103			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINN, THOMAS 2390 TAMIAMI TRAIL NORTH, SUITE 210 NAPLES, FL 34103					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEEWALD, JEANNE 2390 TAMIAMI TRAIL NORTH, SUITE 210 NAPLES, FL 34103					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REAGEM, MICHAEL V 2390 TAMIAMI TRL N, STE 210 NAPLES, FL 34102					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if						