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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002260 (8)

1. Corporation Name
NAPLES AREA ACCOMMODATIONS ASSOCIATION, INC.

[redacted]

Principal Place of Business
CAROLE NERONE
C/O ~~JIM GUNDERSON, NAPLES BEACH HOTEL~~
~~851 GULFSHORE BLVD. N.~~ 900 BROAD AVE SO.
NAPLES FL 33940
US
NAPLES, FL

Mailing Address
PO BOX 11195
NAPLES FL 34101-1195

3. Date Incorporated or Qualified: 05/17/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 CAROLE NERONE
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 P.O. BOX 11195
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 65-0424842 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NERONE, CAROLE
1191 8TH STREET S.
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SHUMAKER, BRIAN 11000 GULF SHORE DR NAPLES FL ~~33940~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP JOE DINUNZIO 2555 N. TAMIAMI TRAIL NAPLES, FL 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ D GUNDERSON, JIM 851 GULF SHORE BLVD. NORTH NAPLES FL ~~33940~~ 34102	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DEBENEDETTO, DEB (D) 312 8TH AVE SO. NAPLES, FL 34102	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ D S/T NERONE, CAROLE ~~1191 8TH ST. SOUTH~~ 900 BROAD AVE S. NAPLES FL ~~33940~~ NAPLES, FL 34102	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	WEST, EDGAR (D) 280 VANDERBILT BEACH RD. NAPLES, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DS~~ ~~EDWARDS, JANE~~ ~~800 VANDEBILT BEACH RD.~~ ~~NAPLES FL 33963~~	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	MOORE, MIKE (D) 9225 GULFSHORE DR. N. NAPLES, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ DP DINUNZIO, JOE 2555 N. TAMIAMI TRAIL NAPLES FL ~~33940~~	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	YAHNER, BRAD (D) 185 BEDZEL CIRCLE NAPLES, FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DURKIN, KEVIN 3860 TOLLGATE BLVD. NAPLES FL ~~33942~~	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	600002141486 -04/14/97--01005--027 ***61.25	☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carole Nerone 4-3-97 Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0059335