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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** FILED

Apr 11 1997 8:00am

Secretary of State

1997 N93000002260 (8) DOCUMENT #

NAPLES FLAGE

CITY-ST-ZIP

NAPLES AREA ACCOMMODATIONS ASSOCIATION, INC.

Principal Place of Business Mailing Address PO BOX 11195 BET QUEFOHORE BLVD. N. QOO NAPLES FL 34101-1195 NAPLES FL 33940 Date Incorporated or Qualified 05/17/1993 3a. Date of Last Repo 05/01/1996 2. Principal Place of Busine 2a. Mailing Address 4. FEI Number Applied For 65-0424842 AROL Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Zip Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 Florida Statutes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NERONE, CAROLE Street Address (P.O. Box Number is Not Acceptable) 1191 8TH STREET S. 63 NAPLES FL 33940 City 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. Linearly accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Flegistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/2 Change Addition DELETE 1.1 TITLE TIFLE SHUMAKER, BRIAN 1.2 NAME 11000 GULF SHORE DR 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 3000 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE GUNDERSON, JIM 2.2 NAME NAME 851 GULF SHORE BLVD. NORTH 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-\$1-ZIP CITY-ST-ZIP DELETÉ Addition TITLE 3.1 TITLE NERONE, CAROLE NAME 3.2 NAME 1181 8TH ST. SOUTH 900 BROAD AVES STREET ADDRESS 3.3 STREET ADDRESS APLES, S.A. CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE TITLE EDWARDS_LANE NAME 4. 2 NAME 800 VANDEBILT BEACH RD. 4.8 STREET ADDRESS STREET ADDRESS NAPLES FL 33963 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Addition TITLE DINÚNZIO, JOÉ 5.2 NAME NAME 2555 N. TAMIAMI TRAIL **5.3 STREET ADDRESS** STREET ADDRESS NAPLES FL 83940 CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 00002141486Change Addition TIME S.I TITLE D **DURKIN, KEVIN** NAME **6.2 NAME** -04/14/97--01005--027 3860 TOLLGATE BLVD. **6.3 STREET ADDRESS** STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 sustee 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.