

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002260 (8)**

1. Corporation Name

NAPLES AREA ACCOMMODATIONS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**C/O CAROLE NERONE
900 BROAD AVE. SO.
NAPLES FL 33940
US**

**PO BOX 11185
NAPLES FL 34101-1185**



3. Date Incorporated or Qualified

05/17/1993

4. FEI Number

65-0424842

Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NERONE, CAROLE
1194 8TH STREET S.
NAPLES FL 33940**

81 Name

CAROLE NERONE

82 Street Address (P.O. Box Number is Not Acceptable)

900 BROAD AVENUE SOUTH

83

84 City

NAPLES

FL

85 Zip Code

34102

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

Carole Nerone

2-12-98

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DV	<input type="checkbox"/> DELETE
NAME	SHUMAKER, BRIAN	
STREET ADDRESS	11000 GULF SHORE DR	
CITY - ST - ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUNDERSON, JIM	
STREET ADDRESS	851 GULF SHORE BLVD. NORTH	
CITY - ST - ZIP	NAPLES FL 34102	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	NERONE, CAROLE	
STREET ADDRESS	900 BROAD AVE. S	
CITY - ST - ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEBENEDETTO, DEB	
STREET ADDRESS	312 8TH AVE. SOUTH	
CITY - ST - ZIP	NAPLES FL 34102	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DINUNZIO, JOE	
STREET ADDRESS	2555 N. TAMiami TRAIL	
CITY - ST - ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DURKIN, KEVIN	
STREET ADDRESS	3860 TOLLGATE BLVD.	
CITY - ST - ZIP	NAPLES FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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

2-12-98 (941) 262-7161

CR2E037 (10/97)