

FILE NOW: FILING FEE IS \$61.25

FILED

99 JUN -2 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT

1998-1999



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

DOCUMENT # N93000002260 (8)

1. Corporation Name

NAPLES AREA ACCOMMODATIONS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

PO BOX 11195  
NAPLES FL 34101-1195

3. Date Incorporated or Qualified

05/17/1993

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NERONE, CAROLE  
1101 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 Carole Nerone 5-27-99-12-98

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV SHUMAKER, BRIAN  
NAME SHUMAKER, BRIAN  
STREET ADDRESS 11000 GULF SHORE DR  
CITY - ST - ZIP NAPLES FL

1.1 TITLE  
1.2 NAME 200002904672--7  
1.3 STREET ADDRESS -06/15/99--01031--022  
1.4 CITY - ST - ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE D GUNDERSON, JIM  
NAME GUNDERSON, JIM  
STREET ADDRESS 851 GULF SHORE BLVD. NORTH  
CITY - ST - ZIP NAPLES FL 34102

2.1 TITLE DARREN ROBERTSHAW  
2.2 NAME DARREN ROBERTSHAW  
2.3 STREET ADDRESS 955 7TH AVENUE S.  
2.4 CITY - ST - ZIP Naples, FL 34102

TITLE DST NERONE, CAROLE  
NAME NERONE, CAROLE  
STREET ADDRESS 900 BROAD AVE.S  
CITY - ST - ZIP NAPLES FL 34102

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE D DEBENEDETTO, DEB  
NAME DEBENEDETTO, DEB  
STREET ADDRESS 312 8TH AVE. SOUTH  
CITY - ST - ZIP NAPLES FL 34102

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE DP DINUNZIO, JOE  
NAME DINUNZIO, JOE  
STREET ADDRESS 2555 N. TAMAMI TRAIL  
CITY - ST - ZIP NAPLES FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE D DURKIN, KEVIN  
NAME DURKIN, KEVIN  
STREET ADDRESS 3880 TOLLGATE BLVD.  
CITY - ST - ZIP NAPLES FL

6.1 TITLE  
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 Carole Nerone 2-25-99 2-12-98 (941)262-7161

CR2E037 (10/97)