

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002260

FILED
Jan 10, 2006
Secretary of State

Entity Name: COLLIER COUNTY HOTEL & LODGING ASSOCIATION, INC

Current Principal Place of Business:

5271 BERKELEY DRIVE
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8282
NAPLES, FL 34101

New Mailing Address:

FEI Number: 65-0424842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANNAN, KAREN MS
5271 BERKELEY DR
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DINUNZIO, JOSEPH
Address: 2555 9TH ST
City-St-Zip: NAPLES, FL 34103

Title: STD () Delete
Name: WHITE, TOM
Address: 3557 PINE RIDGE RD
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: CHAUDHRY, MAC
Address: 560 S COLLIER BLVD
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: ALBEIT, RONALD
Address: 475 SEAGATE DR
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: FRITZ, VIKKI
Address: 12200 TAMIAAMI TR N
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: HILL, CLARK
Address: 5111 TAMIAAMI TR N
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN L LANNAN

RA

01/10/2006

Electronic Signature of Signing Officer or Director

Date