

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90035 019 ****61.25

DOCUMENT # N93000002260 1. Entity Name COLLIER COUNTY HOTEL & LODGING ASSOCIATION, INC					
Principal Place of Business 5271 BERKELEY DRIVE NAPLES, FL 34112 US			Mailing Address PO BOX 8282 NAPLES, FL 34101		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent LANNAN, KAREN MS 5271 BERKELEY DR NAPLES, FL 34112				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DINUNZIO, JOSEPH 2555 9TH ST NAPLES, FL 34103 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Mc Mahon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2600 Tiburon Dr. Naples FL 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHITE, TOM <input type="checkbox"/> Delete 3557 PINE RIDGE RD NAPLES, FL 34109		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steve McIntire <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 600 Neapolitan Way Naples FL 34103	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAUDHRY, MAC <input type="checkbox"/> Delete 560 S COLLIER BLVD MARCO ISLAND, FL 34145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBEIT, RONALD <input checked="" type="checkbox"/> Delete 475 SEAGATE DR NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRITZ, VIKKI <input checked="" type="checkbox"/> Delete 12200 TAMiami TR N NAPLES, FL 34110		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILL, CLARK <input type="checkbox"/> Delete 5111 TAMiami TR N NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Karen L. Lannan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>2/15/07</i> <small>Daytime Phone #</small>		