

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90359 001 ***245.00

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1. Entity Name
COLLIER COUNTY VISITORS & CONVENTION BUREAU,
INC.



Principal Place of Business
2390 TAMiami TRAIL NORTH
SUITE 210
NAPLES, FL 34103 US

Mailing Address
2390 TAMiami TRAIL NORTH
SUITE 210
NAPLES, FL 34103 US

66009222



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-0688292

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, JAY
2390 TAMiami TRAIL NORTH
SUITE 210
NAPLES, FL 34103

Name *Stephanie D. Martin*
Street Address (P.O. Box Number is Not Acceptable)
2390 Tamiami Trail North
Suite 210
City *Naples* FL Zip Code *34103*

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

Stephanie D. Martin

[Signature]

3/23/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 C ☐ Delete
NAME MORTON, EDWARD A
STREET ADDRESS 2390 TAMiami TRAIL NORTH, SUITE 210
CITY-ST-ZIP NAPLES, FL 34103

TITLE Director ☐ Change ☒ Addition
NAME *Katie Sproul*
STREET ADDRESS *2390 Tamiami Trail North Suite 210*
CITY-ST-ZIP *Naples FL 34103*

TITLE D ☐ Delete
NAME FRIDKIN, JEFFREY D
STREET ADDRESS 2390 TAMiami TRAIL NORTH, SUITE 210
CITY-ST-ZIP NAPLES, FL 34103

TITLE President ☐ Change ☒ Addition
NAME *Michael V. Reagan*
STREET ADDRESS *2390 Tamiami Trail North Suite 210*
CITY-ST-ZIP *Naples FL 34103*

TITLE D ☐ Delete
NAME HUESTON, C J
STREET ADDRESS 2390 TAMiami TRAIL NORTH, SUITE 210
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GOETZ, ELLIN
STREET ADDRESS 2390 TAMiami TRAIL NORTH, SUITE 210
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BUDD, RUSSELL A
STREET ADDRESS 2390 TAMiami TRAIL NORTH, SUITE 210
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/06 2394032906
Date Daytime Phone #