


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90359 003 ****61.25

DOCUMENT # N98000004530	
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
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DO NOT WRITE IN THIS SPACE



04222008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0688292	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MARTIN, STEPHANIE D
2390 TAMiami TRAIL NORTH
SUITE 210
NAPLES, FL 34103

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MORTON, EDWARD A 2390 TAMiami TRAIL NORTH, SUITE 210 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIDKIN, JEFFREY D 2390 TAMiami TRAIL NORTH, SUITE 210 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUESTON, C J 2390 TAMiami TRAIL NORTH, SUITE 210 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINN, THOMAS 2390 TAMiami TRAIL NORTH STE 210 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEEWALD, JEANNE 2390 TAMiami TRL NORTH STE 250 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPROUL, KATIE 2390 TAMiami TRL N, STE 210 NAPLES, FL 34103

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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:  4/22/08 239/403-8901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #