## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000004530

FILED Mar 25, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 2390 TAMIAMI TRAIL NORTH SUITE 210 NAPLES, FL 34103 **New Mailing Address: Current Mailing Address:** 2390 TAMIAMI TRAIL NORTH SUITE 210 NAPLES, FL 34103 FEI Number: 59-0688292 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTIN, STEPHANIE D CALAD, SANDRA 2390 TÁMIAMI TRAIL NORTH 2390 TAMIAMI TRAIL NORTH SUITE 210 SUITE 210 NAPLES, FL 34103 US NAPLES, FL 34103 US 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: SANDRA CALAD 03/25/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete MORTON, EDWARD A MORTON, EDWARD A Name: Name: 2390 TAMIAMI TRAIL NORTH, SUITE 210 Address: 2390 TAMIAMI TRAIL NORTH, SUITE 210 Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103 Title: () Delete Title: () Change () Addition FRIDKIN, JEFFREY D Name: Name: Address: 2390 TAMIAMI TRAIL NORTH, SUITE 210 Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HUESTON, C J Name: HUESTON, C J Name: 2390 TAMIAMI TRAIL NORTH, SUITE 210 2390 TAMIAMI TRAIL NORTH, SUITE 210 Address: Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103 (X) Change ( ) Addition Title: () Delete Title: QUINN, THOMAS REAGEN, MICHAEL Name: Name: 2390 TAMIAMI TRAIL NORTH STE 210 2390 TAMIAMI TRAIL NORTH STE 210 Address: Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: NAPLES, FL 34103 Title: () Delete Title: () Change () Addition SEEWALD, JEANNE Name: Name: 2390 TAMIAMI TRL NORTH STE 250 Address: Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: Title: () Delete Title: () Change () Addition SPROUL, KATIE Name: Name: Address: 2390 TAMIAMI TRL N, STE 210 Address: NAPLES, FL 34103 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL REAGEN P 03/25/2009