

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002591

FILED  
Apr 16, 2004  
Secretary of State

**Entity Name:** SUPERIOR SMALL LODGING OF LEE COUNTY, INC.

**Current Principal Place of Business:**

1652 N TAMIAMI TRAIL  
N. FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

1652 N TAMIAMI TRAIL  
N. FORT MYERS, FL 33903

**New Mailing Address:**

**FEI Number:** 65-0878426

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BLANCHETTE, HR  
1652 N TAMIAMI TRAIL  
N FORT MYERS, FL 33903 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: TD ( ) Delete  
Name: BLANCHETTE, H R  
Address: 1652 N TAMIAMI TRAIL  
City-St-Zip: N FORT MYERS, FL 33903

Title: VD ( ) Delete  
Name: SHIPPAS, NANCY  
Address: 2631 FIRST ST  
City-St-Zip: FORT MYERS, FL 33916

Title: SD ( ) Delete  
Name: CARRIERE, ANDREA  
Address: 1207 ESTERO BLVD  
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: DP ( ) Delete  
Name: FALISE, PAUL  
Address: 510 ESTERO BLVD  
City-St-Zip: FT MYERS BEACH, FL 33931

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: PD (X) Change ( ) Addition  
Name: CARRIERE, ANDREA  
Address: 1207 ESTERO BLVD  
City-St-Zip: FORT MYERS BEACH, FL 33931

Title: SD (X) Change ( ) Addition  
Name: FALISE, PAUL  
Address: 2038 W FIRST ST  
City-St-Zip: FT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NANCY SHIPPAS

DV

04/16/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date