

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002260

Entity Name: COLLIER COUNTY LODGING AND TOURISM ALLIANCE, INC.**Current Principal Place of Business:**1010 6TH AVE. SOUTH
NAPLES, FL 34102**Current Mailing Address:**PO BOX 2098
NAPLES, FL 34106 US**FEI Number: 65-0424842****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CARNEY, LISA MRS
1875 VERONA COURT
NAPLES, FL 34109 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name DINUNZIO, JOSEPH
Address 2555 9TH ST
City-State-Zip: NAPLES FL 34103

Title SECRETARY, TREASURER
Name DORCY, STEPHEN
Address 800 VANDERBILT BEACH ROAD
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name CHAUDHRY, MAC
Address 560 S COLLIER BLVD
City-State-Zip: MARCO ISLAND FL 34145

Title DIRECTOR
Name HILL, CLARK
Address 5111 TAMIAMI TR N
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name MEDWEDEFF, RICK
Address 400 S COLLIER BLVD
City-State-Zip: MARCO ISLAND FL 34145

Title PRESIDENT
Name SMITH, RANDY
Address 1010 6TH AVE S
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name BOET, LISA
Address 753 12TH AVE S
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name MCGUANN, JON
Address 2600 TIBURON DR
City-State-Zip: NAPLES FL 34109

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I hereby 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 all other like empowered.

SIGNATURE: RANDY SMITH**PRESIDENT****01/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LUCIA, GINA
Address 1363 28TH AVE N
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name OSCEOLA, OB
Address PO BOX 2098
City-State-Zip: NAPLES FL 34106

Title DIRECTOR
Name HAMERLING, MATT
Address 1907 BOY SCOUT DRIVE
City-State-Zip: FORT MYERS FL 33907