

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002260

Entity Name: COLLIER COUNTY LODGING AND TOURISM ALLIANCE, INC.**Current Principal Place of Business:**221 9TH STREET
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
221 9TH STREET
NAPLES, FL 34102 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	DIRECTOR
Name	DINUNZIO, JOSEPH
Address	2555 9TH ST
City-State-Zip:	NAPLES FL 34103

Title	STD
Name	WHITE, TOM
Address	3557 PINE RIDGE RD
City-State-Zip:	NAPLES FL 34109

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

Title	PRESIDENT
Name	ROBERTSHAW, DARREN
Address	955 7TH AVE SOUTH
City-State-Zip:	NAPLES FL 34102

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

Title	DIRECTOR
Name	HANSEN, HUNTER
Address	475 SEAGATE DR
City-State-Zip:	NAPLES FL 34103

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

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

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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: TOM WHITE**SECRETARY/TREASURER** 02/06/2013_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	BOET, LISA	Name	MCGUANN, JON
Address	753 12TH AVE S	Address	2600 TIBURON DR
City-State-Zip:	NAPLES FL 34102	City-State-Zip:	NAPLES FL 34109
Title	DIRECTOR		
Name	HAMILTON, ELAINE		
Address	2335 TAMIAMI TRAIL N		
City-State-Zip:	NAPLES FL 34103		