FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB 24 PM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000001117 (0)**

1. Corporation Name
PALM BEACH COUNTY HOTEL & MOTEL ASSOCIATION, INC

Principal Place of Business	Mailing Address
231 SUNRISE AVENUE PALM BEACH FL 33480	231 SUNRISE AVENUE PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/07/1994**
3a. Date of Last Report:
4. FEI Number: **59-3243488** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SEMADENI, DAVID
231 SUNRISE AVENUE
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	UPSHAW, WILLIAM	12 NAME	
STREET ADDRESS	4000 RCA BLVD.	13 STREET ADDRESS	200001417532
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	14 CITY-ST-ZIP	-02/28/95--01108--015 ****130.00 ****130.00
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, MARK C	22 NAME	
STREET ADDRESS	630 CLEARWATER PARK ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33401	24 CITY-ST-ZIP	
TITLE	~~VD~~	31 TITLE	T.D. ☑ Change ☐ Addition
NAME	BENSON, LORRAINE	32 NAME	
STREET ADDRESS	600 NORTH POINT PARKWAY	33 STREET ADDRESS	
CITY ST ZIP	W. PALM BEACH FL 33407	34 CITY-ST-ZIP	
TITLE	~~TD~~	41 TITLE	V.D. ☐ Change ☑ Addition
NAME	~~TIPPLE, WILLIAM~~	42 NAME	WILLIAM MCKAY
STREET ADDRESS	~~5150 TOWN CENTER CIRCLE~~	43 STREET ADDRESS	2800 SOUTH OCEAN BLVD
CITY-ST-ZIP	~~BOCA RATON FL 33486~~	44 CITY-ST-ZIP	PALM BEACH, FL. 33480
TITLE	SD	51 TITLE	☐ Change ☐ Addition
NAME	SEMADENI, DAVID	52 NAME	
STREET ADDRESS	231 SUNRISE AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	2/24/95 MB
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 with an asterisk, or on an attachment with an address.

SIGNATURE: _____ DAVID SEMADENI, SECRETARY 2/1/95 (407) 820 9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

051 A08