

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

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PALM BEACH FL 33480

3. Date Incorporated or Qualified
03/07/1994

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

59-3243488

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEMADENI, DAVID
231 SUNRISE AVENUE
PALM BEACH FL 33480**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent as 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 provisions of Section 617.0503, Florida Statutes.

SIGNATURE

David Semadeni

David Semadeni

1/20/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	UPSHAW, WILLIAM	
STREET ADDRESS	4000 RCA BLVD.	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410	
TITLE	PB	<input type="checkbox"/> DELETE
NAME	ARNOLD, MARK C	
STREET ADDRESS	630 CLEARWATER PARK ROAD	
CITY - ST - ZIP	W. PALM BEACH FL 33401	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BENSON, LORRAINE	
STREET ADDRESS	600 NORTH POINT PARKWAY	
CITY - ST - ZIP	W. PALM BEACH FL 33407	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCKAY, WILLIAM	
STREET ADDRESS	2800 SOUTH OCEAN BLVD.	
CITY - ST - ZIP	PALM BEACH FL 33480	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SEMADENI, DAVID	
STREET ADDRESS	231 SUNRISE AVENUE	
CITY - ST - ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11 TITLE	U.P. DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	DAVID BAGWELL	
13 STREET ADDRESS	400 AVENUE OF CHAMPIONS	
14 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418	
21 TITLE	C-1 (CHAIRMAN)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	T-1 (TREASURER)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	DARREN SMITH	
33 STREET ADDRESS	5 NORTH A 1 A.	
34 CITY - ST - ZIP	JUPITER, FL 33477	
41 TITLE	P-1 (PRESIDENT)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	MACKAY, WILLIAM	
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	VP DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	DAVID FEJER	
53 STREET ADDRESS	501 E CAMINO REAL	
54 CITY - ST - ZIP	B.O.B. RATON, FL 33431	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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 in this report or on an attachment with an address.

SIGNATURE:

David Semadeni

DAVID SEMADENI

1/20/96 (407) 820-9111

Date of Filing

CR2E037 (12/95)