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FILED

Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33480231 SUNRISE AVENUE
PALM BEACH FL 33480-38123. Date Incorporated or Qualified
03/07/19943a. Date of Last Report
02/07/1996

2. Principal Place of Business

21 230 ROYAL PALM WAY

2a. Mailing Address

26 230 ROYAL PALM WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 PALM BEACH, FL.

City & State

28 PALM BEACH, FL

Zip

24 33480

Country

25 PALM BEACH

Zip

29 33480

Country

30 PALM BEACH

4. FEI Number
59-3243488Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fees Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

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

SEMADENI, DAVID

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

230 ROYAL PALM WAY

83

84 City

PALM BEACH

FL

85 Zip Code

33480

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, 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 fully qualified, and accept the obligations of, Section 617.050, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and use if applicable

(NOTE: Registered Agent signature required when reinstating)

2/24/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD ☐ DELETE
NAME BAGWELL DAVID
STREET ADDRESS 400 AVENUE OF CHAMPIONS
CITY-ST-ZIP PALM BEACH GARDENS FL1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME BAGWELL, DAVID
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE CD ☒ DELETE
NAME ARNOLD, MARK C
STREET ADDRESS 630 CLEARWATER PARK ROAD
CITY-ST-ZIP W. PALM BEACH FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE TD ☒ DELETE
NAME SMITH, DARREN
STREET ADDRESS 5 NORTH A1A
CITY-ST-ZIP JUPITER FL3.1 TITLE TREASURER - DIRECTOR ☐ Change ☒ Addition
3.2 NAME ADAIR CNEW.
3.3 STREET ADDRESS 155 HAMMON AVE
3.4 CITY-ST-ZIP PALM BEACH FL 33480TITLE PT ☒ DELETE
NAME MACKAY, WILLIAM
STREET ADDRESS 2800 SOUTH OCEAN BLVD.
CITY-ST-ZIP PALM BEACH FL4.1 TITLE DIRECTOR - J.P. ☐ Change ☒ Addition
4.2 NAME RICHARD STAFFORD
4.3 STREET ADDRESS 5981 OKEECHOBEE BLVD.
4.4 CITY-ST-ZIP WEST PALM BEACH, FL 33417TITLE VPT ☐ DELETE
NAME FEIER, DAVID
STREET ADDRESS 501 EAST CAMINO REAL
CITY-ST-ZIP BOCA RATON FL5.1 TITLE V.P. - DIRECTOR ☒ Change ☐ Addition
5.2 NAME FEIER, DAVID
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE SECRETARY - DIRECTOR ☐ Change ☒ Addition
6.2 NAME DAVID SEMADENI
6.3 STREET ADDRESS 230 ROYAL PALM WAY
6.4 CITY-ST-ZIP PALM BEACH, FL 33480

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0039310

CR2E037 (9/96)