

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005598

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** HAWTHORN SUITES ORLANDO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7601 CANADA AVENUE  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7011 GRAND NATIONAL DRIVE, SUITE 104  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 20-4695238

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SKY RESORT MANAGEMENT LLC  
7011 GRAND NATIONAL DRIVE - SUITE 104  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KALIDAS, VINOD  
Address: 7601 CANADA AVE  
City-St-Zip: ORLANDO, FL 32819

Title: VP ( ) Delete  
Name: GORDON, JOHN R  
Address: 7111 GRAND NATIONAL DRIVE, SUITE 101  
City-St-Zip: ORLANDO, FL 32819

Title: T ( ) Delete  
Name: WARD, RON  
Address: 7601 CANADA AVE  
City-St-Zip: ORLANDO, FL 32819

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: GORDON, JOHN R  
Address: 7011 GRAND NATIONAL DRIVE, SUITE 104  
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN GORDON

VP

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date