

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705052

**Entity Name:** NORTH FLORIDA HOTEL & LODGING ASSOCIATION, INC.

**Current Principal Place of Business:**

208 N LAURA ST  
SUITE 102  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

208 N LAURA ST  
SUITE 102  
JACKSONVILLE, FL 32202

**FEI Number:** 59-1843742

**Certificate of Status Desired:** No

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

MAUNEY, CAITLIN ADMINISTRATOR  
208 N LAURA ST  
SUITE 102  
JACKSONVILLE, FL 32202 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:** CAITLIN MAUNEY

**03/17/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name MAUNEY, CAITLIN ADMINISTRATOR  
Address 208 N LAURA ST, STE. 102  
City-State-Zip: JACKSONVILLE FL 32202

Title T  
Name OLIASAMI, JEFFREY  
Address 500 S LEGACY TRAIL  
City-State-Zip: ST. AUGUSTINE FL 32092

Title P  
Name SHAWN, FRISBEE  
Address 1201 RIVERPLACE BLVD  
City-State-Zip: JACKSONVILLE FL 32207

Title VP  
Name DEARIN, SHANNON  
Address 4670 LENIOR AVE S  
City-State-Zip: JACKSONVILLE FL 32216

*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:** CAITLIN MAUNEY

**ADMINISTRATOR**

**03/17/2015**

Electronic Signature of Signing Officer/Director Detail

Date