# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 704087**

1. Entity Name
FLORIDA HOTEL & MOTEL ASSOCIATION, INC.

FILED
04 JUL 23 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 200 WEST COLLEGE AVE<br>TALLAHASSEE, FL 32301 | 200 WEST COLLEGE AVE<br>TALLAHASSEE, FL 32301 |

07052004 Chg-NP CR2E037 (10/03) MRD

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-0248210 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| WAITS, THOMAS A.<br>200 W COLLEGE AVENUE<br>TALLAHASSEE, FL 32301 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is $61.25**
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CHERNIAVSKY, TOM<br>MILE MARKER 61<br>MARATHON, FL 33050 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PCD<br>BROWN, GARY<br>2411 S. ATLANTIC AVE.<br>DAYTONA BEACH SHORES, FL 32118 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Dale Hanley<br>200 Ponte Vedra Blvd.<br>Ponte Vedra Bch, FL 32082-7810 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CED<br>SANSBURY, MICHAEL W<br>6800 LAKEWOOD PLAZA DR<br>ORLANDO, FL 32819 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>200039731022<br>07/30/04--01041--009 **61.25 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>WRIGHT, PHILIP D<br>2000 HOTEL PLAZA BLVD.<br>LAKE BUENA VISTA, FL 32830 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PCD | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MOULTON, KATHERINE K<br>1620 GULF OF MEXICO DRIVE<br>LONGBOAT KEY, FL 342283499 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CED | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PCEO<br>WAITS, THOMAS A.<br>200 WEST COLLEGE AVE.<br>TALLAHASSEE, FL 32301 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ 7/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #