

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 # 704234 (4)

1. Corporation Name

FLORIDA HOTEL ASSOCIATION, INC.



Principal Place of Business

200 W COLLEGE AVENUE
P.O. BOX 1529
TALLAHASSEE FL 32302

Mailing Address

200 W COLLEGE AVENUE
P.O. BOX 1529
TALLAHASSEE FL 32302

3. Date Incorporated or Qualified
06/28/1962

3a. Date of Last Report
09/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-0248210

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. 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

WAITS, THOMAS A.
200 W COLLEGE AVENUE
TALLAHASSEE FL 32301

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, 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent's signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☒ DELETE

NAME DICE, CLAYNE
STREET ADDRESS 1301 KELSO BLVD.
CITY-ST-ZIP WINDEMERE FL

11 TITLE

CE/D

☐ Change ☒ Addition

TITLE CEO ☐ DELETE

NAME RUSS, KIMBALL
STREET ADDRESS 1160 GULF BLVD.
CITY-ST-ZIP CLEARWATER BCH. FL

12 NAME

Jack Hardy

13 STREET ADDRESS

One Grand Cypress Blvd.
Orlando, FL 32819

14 CITY-ST-ZIP

TITLE PCEO ☐ DELETE

NAME PAITS, THOMAS A
STREET ADDRESS 200 W COLLEGE AVE
CITY-ST-ZIP TALLAHASSEE, FL 00000

21 TITLE

C/D

☒ Change ☐ Addition

TITLE D ☒ DELETE

NAME MORGAN, JOE
STREET ADDRESS 5401 NW 14TH AVE
CITY-ST-ZIP GAINESVILLE FL

22 NAME

Waitis, Thomas A.

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME STOLZ, ROBERT L.
STREET ADDRESS 1905 BUENA VISTA DR
CITY-ST-ZIP LAKE BUENA VISTA FL

31 TITLE

T/D

☐ Change ☒ Addition

TITLE D ☐ DELETE

NAME SEATON, DON
STREET ADDRESS 445 HAMDEN DR
CITY-ST-ZIP CLEARWATER FL

32 NAME

Ron Johnson

33 STREET ADDRESS

9250 Baymeadows Rd., St. 200
Jacksonville, FL 32216

34 CITY-ST-ZIP

41 TITLE

S/D

☐ Change ☒ Addition

42 NAME

Jerry Thirion

43 STREET ADDRESS

475 Seagate Drive
Naples, FL 33304

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

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 if changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)