

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90135 007 ****61.25

DOCUMENT # 704234

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

06/28/1962

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **D HARDY, JACK**
STREET ADDRESS **ONE GRAND GYPRESS BLVD**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ DELETE

NAME **SD HAWKINS, FRED**
STREET ADDRESS **5400 PLANTATION RD**
CITY-ST-ZIP **GAITHERSBURG MD**

TITLE ☐ DELETE

NAME **PCEO WAITS, THOMAS A.**
STREET ADDRESS **200 W COLLEGE AVE**
CITY-ST-ZIP **TALLAHASSEE, FL 00000**

TITLE ☐ DELETE

NAME **CD JOHNSON, RON**
STREET ADDRESS **9250 BAYMEADOWS ROAD STE 200**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE

NAME **CD THIRION, JERRY**
STREET ADDRESS **475 SEAGATE DRIVE**
CITY-ST-ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME **TD MCCREARY, WILLIAM W**
STREET ADDRESS **1500 EPCOT RESORTS BLVD.**
CITY-ST-ZIP **LAKE BUENA VISTA FL 32830-2653**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **TD WALTER BANKS**
STREET ADDRESS **1700 S. OCEAN LN.**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

2.1 TITLE ☐ Change ☒ Addition

NAME **SD GARY BROWN**
STREET ADDRESS **2411 S. ATLANTIC AVE**
CITY-ST-ZIP **DAYTONA BCH. SHORES, FL 32118**

3.1 TITLE ☐ Change ☐ Addition

NAME **CD**
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

NAME **CD**
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

NAME **CD**
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

NAME **CD**
STREET ADDRESS
CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)