

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704234

**FILED**  
**Jul 02, 2004**  
**Secretary of State****Entity Name:** FLORIDA HOTEL ASSOCIATION, INC.**Current Principal Place of Business:**200 W COLLEGE AVENUE  
TALLAHASSEE, FL 32301**New Principal Place of Business:****Current Mailing Address:**200 W COLLEGE AVENUE  
TALLAHASSEE, FL 32301**New Mailing Address:****FEI Number:** 59-0248210**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WAITS, THOMAS A.  
200 W COLLEGE AVENUE  
TALLAHASSEE, FL 32301 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:** SD ( ) Delete  
**Name:** CHERNIAVSKY, TOM  
**Address:** MILE MARKER 61  
**City-St-Zip:** MARATHON, FL 33050**Title:** PCD ( ) Delete  
**Name:** BROWN, GARY  
**Address:** 2411 S. ATLANTIC AVE  
**City-St-Zip:** DAYTONA BEACH, FL 32118**Title:** PCEO ( ) Delete  
**Name:** WAITS, THOMAS A.  
**Address:** 200 W COLLEGE AVE  
**City-St-Zip:** TALLAHASSEE, FL 32301**Title:** CD ( ) Delete  
**Name:** WRIGHT, PHILIP D  
**Address:** 2000 HOTEL PLAZA BLVD  
**City-St-Zip:** LAKE BUENA VISTA, FL 32830**Title:** TD ( ) Delete  
**Name:** MOULTON, KATHERINE K  
**Address:** 1620 GULF OF MEXICO DRIVE  
**City-St-Zip:** LONGBOAT KEY, FL 342283499**Title:** CED ( ) Delete  
**Name:** SANSBURY, MICHAEL W  
**Address:** 6800 LAKEWOOD PLAZA DR  
**City-St-Zip:** ORLANDO, FL 32819**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS A. WAITS

MR.

07/02/2004

Electronic Signature of Signing Officer or Director

Date