

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705052

**FILED**  
**Jan 03, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

208 N LAURA ST  
SUITE 102  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

208 N LAURA ST  
SUITE 102  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 59-1843742

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRUEBLOOD, NICOLE ADMIN  
208 N LAURA ST  
SUITE 102  
JACKSONVILLE, FL 32202 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: D  
Name: TRUEBLOOD, NICOLE ADMIN  
Address: 208 N LAURA ST, STE. 102  
City-St-Zip: JACKSONVILLE, FL 32202

Title: P  
Name: MARIOTTI, DAVID  
Address: 607 PONTE VEDRA BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP  
Name: ECKERT, PAUL  
Address: PO BOX 3000  
City-St-Zip: AMELIA ISLAND, FL 32035

Title: T  
Name: HALVERSTADT, BARBARA  
Address: PO BOX 18018  
City-St-Zip: JACKSONVILLE, FL 32218

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: NICOLE A. TRUEBLOOD

D

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date