

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 716558 (2)
1. Corporation Name
BROWARD COUNTY HOTEL AND MOTEL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2701 E SUNRISE BLVD
SUNRISE BAY BLDG. STE 111
FT. LAUDERDALE FL 33304
US2701 E SUNRISE BLVD
SUNRISE BAY BLDG. STE 111
FT. LAUDERDALE FL 33304-3208
US3. Date Incorporated or Qualified
05/15/19693a. Date of Last Report
07/31/19964. FEI Number
59-1517974Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEONARD, WILLIAM F.
4875 N. FEDERAL HWY, 10TH FLOOR
FT. LAUDERDALE FL 33308

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 *William F. Leonard*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME BRENNANM TIMOTHY
STREET ADDRESS 4000 SOUTH OCEAN DRIVE
CITY-ST-ZIP HOLLYWOOD FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE PED ☒ DELETE
NAME BRENNAN, TIMOTHY
STREET ADDRESS 1825 GRIFFIN ROAD
CITY-ST-ZIP DANIA FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE SD ☐ DELETE
NAME PERSTEINER, CAROL
STREET ADDRESS 311 NORTH UNIVERSITY DRIVE
CITY-ST-ZIP PLANTATION FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD ☒ DELETE
NAME FAZZINO, JOHN
STREET ADDRESS 620 LAS OLAS BLVD
CITY-ST-ZIP FT. LAUDERDALE FL4.1 TITLE ☐ Change ☒ Addition
4.2 NAME TD
4.3 STREET ADDRESS FERRELLI, ANTHONY
4.4 CITY-ST-ZIP 321 N. ATLANTIC BLVD
FT. LAUDERDALE, FLTITLE VPD ☐ DELETE
NAME KRUSE, STEPHAN
STREET ADDRESS 2000 N ATLANTIC BLVD
CITY-ST-ZIP FT LAUDERDALE FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE VPD ☐ DELETE
NAME POIRIER, ROBERT
STREET ADDRESS 2801 TERRAMAR STREET
CITY-ST-ZIP FORT LAUDERDALE FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0035542

CR2E037 (9/96)