


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90037 012 \*\*\*\*61.25

<b>DOCUMENT # 716558</b>	
1. Entity Name <b>GREATER FORT LAUDERDALE LODGING &amp; HOSPITALITY ASSOCIATION, INC.</b>	

Principal Place of Business <b>1628 NORTH FEDERAL HWY 200 FORT LAUDERDALE, FL 33305 US</b>	Mailing Address <b>1628 NORTH FEDERAL HWY 200 FORT LAUDERDALE, FL 33305 US</b>
-------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------

**54027489**



2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
-----------------------------------------------------------	-----------------------------------------------

01072004 Chg-NP CR2E037 (10/03)

City & State	City & State	4. FEI Number <b>59-1517974</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
-----------------------------------------------------------	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  <b>MALONE, JAMES E CPA 2945 W. CYPRESS CREEK ROAD FT. LAUDERDALE, FL 33309</b>
------------------------------------------------------------------------------------------------------------------------------------------------------

<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
------------------------------------------------------------------------------------------------------------------------------------------------------------

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
-----------------------------------------------------	----------------------------------------------------------------------------------	------------------------------------	--------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MORKY, BRYAN 620 E LAS OLAS BLVD FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CED LOWE, MURRAY 1881 SE 17 ST FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLLOCK, CHRISTOPHER 1628 N FEDERAL HWY, #200 FORT LAUDERDALE, FL 33305 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FAUBERT, MARC 400 CORPORATE DR FORT LAUDERDALE, FL 33309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLITTE, MARK 321 N FT LAUD BEACH BLVD FORT LAUDERDALE, FL 33304 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**CHAIR**  
**President**  
**Kathleen Southards**  
**1628 N FED. Hwy, #200**  
**FT. LAUD, FL 33305**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Kathleen Southards **4/5/04** **954-567-0766**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**KATHLEEN SOUTHARDS**  
**EXECUTIVE DIRECTOR**