

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716558

FILED  
May 02, 2005  
Secretary of State

**Entity Name:** GREATER FORT LAUDERDALE LODGING & HOSPITALITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1628 NORTH FEDERAL HWY  
200  
FORT LAUDERDALE, FL 33305 US

**New Principal Place of Business:**

512 NE 3 AVENUE  
FORT LAUDERDALE, FL 33305 US

**Current Mailing Address:**

1628 NORTH FEDERAL HWY  
200  
FORT LAUDERDALE, FL 33305 US

**New Mailing Address:**

512 NE 3 AVENUE  
FORT LAUDERDALE, FL 33301 US

**FEI Number:** 59-1517974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MALONE, JAMES E CPA  
2945 W. CYPRESS CREEK ROAD  
FT. LAUDERDALE, FL 33309 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: CED ( ) Delete  
Name: LOWE, MURRAY  
Address: 1881 SE 17 ST  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: CP ( ) Delete  
Name: SOTHARDS, KATHLEEN  
Address: 1628 N FEDERAL HWY, #200  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: SD ( ) Delete  
Name: FAUBERT, MARC  
Address: 400 CORPORATE DR  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: TD ( ) Delete  
Name: POLITTE, MARK  
Address: 321 N FT LAUD BEACH BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33304

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CED (X) Change ( ) Addition  
Name: POLITTE, MARK  
Address: 321 NORTH FT LAUDERDALE BEACH BLVD.  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: CP (X) Change ( ) Addition  
Name: SOTHARDS, KATHLEEN  
Address: 512 NE 3 AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33301

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: KATHLEEN SOUTHARDS

CP

05/02/2005

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

\_\_\_\_\_  
Date