

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721958 (7)

1. Corporation Name

VILLAGE HOTEL PLAZA ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P O BOX 22041
P.O. BOX 10000
LAKE BUENA VISTA FL 32830
US

P O BOX 22041
P.O. BOX 10000
LAKE BUENA VISTA FL 32830
US

3. Date Incorporated or Qualified

10/28/1971

3a. Date of Last Report

08/04/1995

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 22041

26 P.O. Box 22041

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

LAKE BUENA VISTA, FL.

28 City & State

LAKE BUENA VISTA, FL.

24 Zip

32830

25 Country

USA

29 Zip

32830

30 Country

USA

4. FEI Number

23-7239444

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

JIM GOSS

82 Street Address (P.O. Box Number is Not Acceptable)

1850 HOTEL PLAZA BLVD.

83

LAKE BUENA VISTA, FL 32830

84 City

FL

85 Zip Code

32830

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 JIM GOSS, PRESIDENT

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/25/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME C
WRIGHT, PHIL
STREET ADDRESS 3000 HOTEL PLAZA BLVD
CITY-ST-ZIP LAKE BUENA VISTA FL

TITLE ☐ DELETE

NAME TD
SHAFEL, SAMIR
STREET ADDRESS 1751 HOTEL PLAZA BLVD
CITY-ST-ZIP LAKE BUENA VISTA FL

TITLE ☐ DELETE

NAME D
WRIGHT, PHIL
STREET ADDRESS 2000 HOTEL PLAZA BLVD
CITY-ST-ZIP LAKE BUENA VISTA FL

TITLE ☐ DELETE

NAME P
BRINDA, JEFF
STREET ADDRESS 1806 HOTEL PLAZA BLVD
CITY-ST-ZIP LAKE BUENA VISTA FL

TITLE ☐ DELETE

NAME V
GOSS, JIM
STREET ADDRESS 1850 HOTEL PLAZA BLVD
CITY-ST-ZIP LAKE BUENA VISTA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

BRINDA, JEFF ☒ Change ☐ Addition

1805 HOTEL PLAZA BLVD.
LAKE BUENA VISTA, FL 32830

D ☒ Change ☐ Addition

STOLZ, BOB
1900 BUENA VISTA DRIVE
LAKE BUENA VISTA, FL 32830

D ☒ Change ☐ Addition

SHAFEL, SAMIR
1751 HOTEL PLAZA BLVD.
LAKE BUENA VISTA, FL 32830

D ☒ Change ☐ Addition

GOSS, JIM
1850 HOTEL PLAZA BLVD.
LAKE BUENA VISTA, FL 32830

D ☒ Change ☐ Addition

BEMENT, DENNIS
1905 HOTEL PLAZA BLVD.
LAKE BUENA VISTA, FL 32830

000001746250 ☐ Change ☐ Addition

-03/18/96--01023--030
***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the 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:

JIM GOSS, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96
Date

407-827-6500
Daytime Phone #

CR2E037 (12/95)