

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 754033 (9)
1. Corporation Name
CENTRAL FLORIDA HOTEL AND MOTEL ASSOCIATION, INCPrincipal Place of Business
7208 SAND LAKE RD
STE. 205
ORLANDO FL 32819
US
Mailing Address
7208 SAND LAKE RD
STE. 205
ORLANDO FL 32819-5278
US3. Date Incorporated or Qualified 09/03/1980
3a. Date of Last Report 07/03/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-2075117
Applied 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAUBENSEE, CHERYL
7208 SAND LAKE ROAD, #205
ORLANDO FL 3281981 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RODWICK, BILL	
STREET ADDRESS	7208 SAND LAKE ROAD, #205	
CITY - ST - ZIP	ORLANDO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MEUNIER, JOHN	
STREET ADDRESS	7208 SAND LAKE ROAD, #205	
CITY - ST - ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MEARS, DEB	
STREET ADDRESS	7208 SAND LAKE ROAD, #205	
CITY - ST - ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	VILLAYERDE, ALAN	
STREET ADDRESS	7208 SAND LAKE RD #205	
CITY - ST - ZIP	ORLANDO FL 32819	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCCREARY, BILL	
STREET ADDRESS	7208 SAND LAKE RD #205	
CITY - ST - ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DENNIS BEMENT	
1.3 STREET ADDRESS	7208 SAND LAKE ROAD #205	
1.4 CITY - ST - ZIP	ORLANDO FL	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MEL BETTCHER	
2.3 STREET ADDRESS	7208 SAND LAKE ROAD #205	
2.4 CITY - ST - ZIP	ORLANDO FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: CHERYL D. TAUBENSEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 15 1997

Date

Daytime Phone # 6017495

CR2E037 (9/96)