

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90027 017 ****70.00

60038537




07242006 Chg-NP CR2E037 (4/06)

DOCUMENT # 754033 1. Entity Name CENTRAL FLORIDA HOTEL&LODGING ASSOCIATION, INC.					
Principal Place of Business 7380 SAND LAKE RD. STE 300 ORLANDO, FL 32819 US			Mailing Address 7380 SAND LAKE RD. STE 300 ORLANDO, FL 32819 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2075117	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MALADECKI, RICHARD J 7380 SAND LAKE RD STE 300 ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPC SARGENT, THEA 7380 SAND LAKE ROAD, STE 300 ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Pat Engfer 7380 Sand Lake Road, Ste 300 Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAUENSTEIN, GREG 7380 SAND LAKE ROAD, STE 300 ORLANDO, FL 32819	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Greg Hauenstein 7380 Sand Lake Road, Ste 300 Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KACHERIS, PETER 7380 SAND LAKE ROAD, STE 300 ORLANDO, FL 32819	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPC Peter Kacheris 7380 Sand Lake Road, Ste 300 Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC NEWMARK, STUART 7380 SAND LAKE ROAD, STE 300 ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Eric Berger 7380 Sand Lake Road, Ste 300 Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHERMAN, LAURA 7380 SAND LAKE ROAD, STE 300 ORLANDO, FL 32819	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Laura Sherman 7380 Sand Lake Road, Ste 300 Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALADECKI, RICHARD J 7380 SAND LAKE ROAD, STE 300 ORLANDO, FL 32819	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Mark Moravec 7380 Sand Lake Road, Ste 300 Orlando, FL 32819
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>RJ Maladecki</u> RJ Maladecki 8/31/06 407-313-5000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT
60038537

DOCUMENT # 754033 1. Entity Name CENTRAL FLORIDA HOTEL&LODGING ASSOCIATION, INC.					
Principal Place of Business 7380 SAND LAKE RD. STE 300 ORLANDO, FL 32819 US			Mailing Address 7380 SAND LAKE RD. STE 300 ORLANDO, FL 32819 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2075117	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MALADECKI, RICHARD J				Name	
7380 SAND LAKE RD				Street Address (P.O. Box Number is Not Acceptable)	
STE 300					
ORLANDO, FL 32819				City	
				FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$81.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	IPC	<input checked="" type="checkbox"/> Delete	TITLE	H <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SARGENT, THEA		NAME	Jeff Brinda	
STREET ADDRESS	7380 SAND LAKE ROAD, STE 300		STREET ADDRESS	7380 Sand Lake Road, Ste 300	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	Orlando, FL 32819	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAUENSTEIN, GREG		NAME		
STREET ADDRESS	7380 SAND LAKE ROAD, STE 300		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KACHERIS, PETER		NAME		
STREET ADDRESS	7380 SAND LAKE ROAD, STE 300		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP		
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWMARK, STUART		NAME		
STREET ADDRESS	7380 SAND LAKE ROAD, STE 300		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHERMAN, LAURA		NAME		
STREET ADDRESS	7380 SAND LAKE ROAD, STE 300		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALADECKI, RICHARD J		NAME		
STREET ADDRESS	7380 SAND LAKE ROAD, STE 300		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>RT MALADECKI</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date</small>	
				<small>Daytime Phone #</small>	