




# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90054 048 \*\*\*\*61.25

<b>DOCUMENT # 754033</b> 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 - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		40103577 																																																																																																				
City & State		City & State		4. FEI Number 59-2075117																																																																																																				
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																				
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																																																																																																				
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  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Signature, typed or printed name of registered agent and title if applicable.</span> <span>(NOTE: Registered Agent signature required when reinstating)</span> <span>DATE</span> </div>																																																																																																								
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																				
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">C ENGFER, PAT</td> <td style="width: 20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">7380 SAND LAKE ROAD, STE 300</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ORLANDO, FL 32819</td> </tr> <tr> <td>TITLE</td> <td>VC HAUENSTEIN, GREG</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">7380 SAND LAKE ROAD, STE 300</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ORLANDO, FL 32819</td> </tr> <tr> <td>TITLE</td> <td>IPC KACHERIS, PETER</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">7380 SAND LAKE ROAD, STE 300</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ORLANDO, FL 32819</td> </tr> <tr> <td>TITLE</td> <td>T BERGER, ERIK</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">7380 SAND LAKE RD SUITE 300</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ORLANDO, FL 32819</td> </tr> <tr> <td>TITLE</td> <td>S SHERMAN, LAURA</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">7380 SAND LAKE ROAD, STE 300</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ORLANDO, FL 32819</td> </tr> <tr> <td>TITLE</td> <td>P MALADECKI, RICHARD J</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">7380 SAND LAKE ROAD, STE 300</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">ORLANDO, FL 32819</td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">IPC/D Engfer, Pat</td> <td style="width: 20%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">7380 Sand Lake Rd. Suite 300</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Orlando, FL 32819</td> </tr> <tr> <td>TITLE</td> <td>C/D Hauenstein, Greg</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">7380 Sand Lake Rd. Suite 300</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Orlando, FL 32819</td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td>VC/D Sherman, Laura</td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">7380 Sand Lake Rd. Suite 300</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">Orlando, FL 32819</td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>						TITLE	C ENGFER, PAT	<input type="checkbox"/> Delete	STREET ADDRESS	7380 SAND LAKE ROAD, STE 300		CITY-ST-ZIP	ORLANDO, FL 32819		TITLE	VC HAUENSTEIN, GREG	<input type="checkbox"/> Delete	STREET ADDRESS	7380 SAND LAKE ROAD, STE 300		CITY-ST-ZIP	ORLANDO, FL 32819		TITLE	IPC KACHERIS, PETER	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	7380 SAND LAKE ROAD, STE 300		CITY-ST-ZIP	ORLANDO, FL 32819		TITLE	T BERGER, ERIK	<input checked="" type="checkbox"/> Delete	STREET ADDRESS	7380 SAND LAKE RD SUITE 300		CITY-ST-ZIP	ORLANDO, FL 32819		TITLE	S SHERMAN, LAURA	<input type="checkbox"/> Delete	STREET ADDRESS	7380 SAND LAKE ROAD, STE 300		CITY-ST-ZIP	ORLANDO, FL 32819		TITLE	P MALADECKI, RICHARD J	<input type="checkbox"/> Delete	STREET ADDRESS	7380 SAND LAKE ROAD, STE 300		CITY-ST-ZIP	ORLANDO, FL 32819		TITLE	IPC/D Engfer, Pat	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	7380 Sand Lake Rd. Suite 300		CITY-ST-ZIP	Orlando, FL 32819		TITLE	C/D Hauenstein, Greg	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	7380 Sand Lake Rd. Suite 300		CITY-ST-ZIP	Orlando, FL 32819		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP			TITLE	VC/D Sherman, Laura	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	7380 Sand Lake Rd. Suite 300		CITY-ST-ZIP	Orlando, FL 32819		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
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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.																																																																																																								
<b>SIGNATURE:</b> <u>RJ Maladecki</u> <u>RJ Maladecki</u> <u>4/30/07</u> <u>407-313-5000</u> <div style="display: flex; justify-content: space-between; font-size: x-small;"> <span>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</span> <span>Date</span> <span>Daytime Phone #</span> </div>																																																																																																								

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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

PAGE 2

ATTACHMENT

40103577

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2075117

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MALADECKI, RICHARD J  
7380 SAND LAKE RD  
STE 300  
ORLANDO, FL 32819

Name

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

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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 C  
NAME ENGFER, PAT  
STREET ADDRESS 7380 SAND LAKE ROAD, STE 300  
CITY-ST-ZIP ORLANDO, FL 32819 ☐ Delete

TITLE T/D  
NAME Findley, Colin  
STREET ADDRESS 7380 Sand Lake Rd. Suite 300  
CITY-ST-ZIP Orlando, FL 32819 ☐ Change ☒ Addition

TITLE VC  
NAME HAUENSTEIN, GREG  
STREET ADDRESS 7380 SAND LAKE ROAD, STE 300  
CITY-ST-ZIP ORLANDO, FL 32819 ☐ Delete

TITLE AT/D  
NAME King, David  
STREET ADDRESS 7380 Sand Lake Rd- Suite 300  
CITY-ST-ZIP Orlando, FL 32819 ☐ Change ☒ Addition

TITLE IPC  
NAME KACHERIS, PETER  
STREET ADDRESS 7380 SAND LAKE ROAD, STE 300  
CITY-ST-ZIP ORLANDO, FL 32819 ☒ Delete

TITLE H/D  
NAME Brinda, Jeff  
STREET ADDRESS 7380 Sand Lake Rd. Suite 300  
CITY-ST-ZIP Orlando, FL 32819 ☐ Change ☒ Addition

TITLE T  
NAME BERGER, ERIK  
STREET ADDRESS 7380 SAND LAKE RD SUITE 300  
CITY-ST-ZIP ORLANDO, FL 32819 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME SHERMAN, LAURA  
STREET ADDRESS 7380 SAND LAKE ROAD, STE 300  
CITY-ST-ZIP ORLANDO, FL 32819 ☐ Delete

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CITY-ST-ZIP ORLANDO, FL 32819 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

RJ MALADECKI

RJ Maladecki

4/30/07

407-313-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #