2007 NOT-FOR-PROFIT CORPORATION

May 03, 2007 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT #754033** 05-03-2007 90054 048 ****61.25 CENTRAL FLORIDA HOTEL&LODGING ASSOCIATION, INC. Principal Place of Business Maiting Address 7380 SAND LAKE RD. 40103577 7380 SAND LAKE RD. **STE 300 STE 300** ORLANDO, FL 32819 ORLANDO, FL 32819 us 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2075117 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MALADECKI, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 7380 SAND LAKE RD **STE 300** ORLANDO, FL. 32819 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 (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fe OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. IPC/D Detete TITLE Addition TITLE ENGFER, PAT Engler, Pat 7380 5-nd Lake Rd. Suite 300 NAME MASA STREET ADORESS 7380 SAND LAKE ROAD, STE 300 STREET ADDRESS Orlando, FC 31819 CITY-ST-ZIP ORLANDO, FL 32819 CTIY-SI-ZIF CID Change TITLE ☐ Detete TITLE ■ Addition Havenstein, Greg 7380 send lake Rd. Suite 300 HAUENSTEIN, GREG NAME NAME 7380 SAND LAKE ROAD, STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CHY-SI-7E Orlando, FC 31819 Detete ☐ Change Addition TITLE TITLE NAME KACHERIS, PETER NAME 7380 SAND LAKE ROAD, STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP ORLANDO, FL 32819 TITLE ☐ Change ☐ Addition DILE Delete BERGER, ERIK NAME NAME 7380 SAND LAKE RD SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP Change ☐ Detete Addition TITLE TITLE SHERMAN LAURA NAME NAME 7380 send Lake Rd. Suite 300 STREET ADDRESS 7380 SAND LAKE ROAD, STE 300 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZP Orlando, FC 32815 Delete TITLE ☐ Addition ☐ Change TITLÉ NAME MALADECKI, RICHARD J NAME 7380 SAND LAKE ROAD, STE 300 STREET ADDRESS STREET ADORESS

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12. Thereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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.

CITY-ST-ZIP

CITY-ST-ZIP

ORLANDO, FL 32819

R JULYMO ELLA RJ Maladecki SIGNATURE:

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1. Entity Name CENTRAL FLORIDA HOTEL&LODGING ASSOCIATION, INC.							I A 6				
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				ATTACHMENT H0103577				
2. Principal Place of Business - No P.O. Box #			3. Maiting Address			- 	40103	20	/ /		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			043	302007 Chg-NP	CI	R2E037 (12/06)		
City & State		City & State			El Number 59-2075117		—	Applied For Not Applicable			
Zip	Zip Country		Zip Cour		intry	5. Certificate of Status Desired					
6. Name and Address of Current Registered Agent						7. N	izme and Address of i	New Regis	tered Agent		
MALADECKI, RICHARD J 7380.SAND LAKE RD					Name Street Address (P.O. Box Number is Not Acceptable)						
STE 300	FL 20040										
ORLANDO, FL 32819				City				FL Zp C	ode		
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.									th, and accept		
SIGNATURE Signature, typed or prived name of registered agent and tate if applicable. (NOTE: Registered Agent agreeure required when remistating) DATE											
Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing Trust Fund Contribution.								•• •			
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