
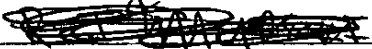
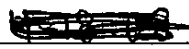
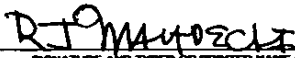


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


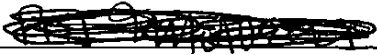

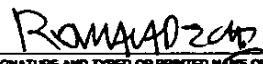
FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90346 039 ****61.25

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2075117	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				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	
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.				FL Zip Code	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE  <small>(NOTE: Registered Agent signature required when re-registering)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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	IPCD ENGFER, PAT 7380 SAND LAKE ROAD, STE 300 ORLANDO, FL 32819	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HAUENSTEIN, GREG 7380 SAND LAKE ROAD, STE 300 ORLANDO, FL 32819	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD SHERMAN, LAURA 7380 SAND LAKE ROAD, STE 300 ORLANDO, FL 32819	<input type="checkbox"/> Delete			
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	ATD Winjum, Duane 7380 Sand Lake Rd, Ste 300 Orlando, FL 32819	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Tang, Paul 7380 Sand Lake Rd, Ste 300 Orlando, FL 32819	<input type="checkbox"/> Delete			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/18/08 Daytime Phone #: 407-313-5000					

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # 754033 1. Entity Name CENTRAL FLORIDA HOTEL & LODGING ASSOCIATION, INC.					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
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				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:  (NOTE: Registered Agent signature required when reconstituting) DATE: 					
Filing Fee is \$61.25 Due by May 1, 2008		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	IPCD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGFER, PAT		NAME	Findley, Colin	
STREET ADDRESS	7380 SAND LAKE ROAD, STE 300		STREET ADDRESS	7380 Sand Lake Rd, Ste 300	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	Orlando, FL 32819	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	HD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAUENSTEIN, GREG		NAME	Brinda, Jeff	
STREET ADDRESS	7380 SAND LAKE ROAD, STE 300		STREET ADDRESS	7380 Sand Lake Rd, Ste 300	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	Orlando, FL 32819	
TITLE	VCD	<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		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			4/18/08 407-313-5000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		