

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001673

FILED  
Jul 09, 2008  
Secretary of State

**Entity Name:** CRUISE LINES INTERNATIONAL ASSOCIATION, INC.

**Current Principal Place of Business:**

2111 WILSON BLVD, 8TH FLOOR  
ARLINGTON, VA 22201

**New Principal Place of Business:**

910 SE 17TH STREET  
FT LAUDERDALE, FL 33312

**Current Mailing Address:**

2111 WILSON BLVD, 8TH FLOOR  
ARLINGTON, VA 22201

**New Mailing Address:**

910 SE 17TH STREET, SUITE 400  
FT LAUDERDALE, FL 33312

**FEI Number:** 13-2600946      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: DALE, TERRY  
Address: 910 SE 17TH STREET, SUITE 400  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: CD ( ) Delete  
Name: FAIN, RICHARD  
Address: 1050 CARIBBEAN WAY, 6TH FLOOR  
City-St-Zip: MIAMI, FL 33132

Title: TS ( ) Delete  
Name: ARISON, MICKY  
Address: 3655 NW 87 AVE  
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete  
Name: ROBERTSON, CHARLES  
Address: 741 BOSTON POST ROAD, STE 200  
City-St-Zip: GUILFORD, CT 06437

Title: D ( ) Delete  
Name: DICKINSON, ROBERT  
Address: 3655 NW 87 AVE  
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete  
Name: HANRAHAN, DANIEL  
Address: 1050 CARIBBEAN WAY, 6TH FLOOR  
City-St-Zip: MIAMI, FL 33122

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W. FULLER

DIR

07/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date