

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morikami
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K64046** (1)

1. Corporation Name
CNL HOTEL PROPERTIES, INC.



Principal Place of Business: **400 E. SOUTH STREET SUITE 500 ORLANDO FL 32801**
Mailing Address: **400 E. SOUTH STREET SUITE 500 ORLANDO FL 32801**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **02/08/1989**
3a. Date of Last Report: **04/24/1995**
4. FID Number: **59-2929768**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

g. Name and Address of Current Registered Agent: **BOURNE, ROBERT A. 400 EAST SOUTH STREET SUITE 500 ORLANDO FL 32801**
10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 607.0609 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0607, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1. TITLE	CDCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURNE, ROBERT A.	12. NAME	SENEFF, JAMES M JR
STREET ADDRESS	400 E. SOUTH ST., #500	13. STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500
CITY-ST. ZIP	ORLANDO FL	14. CITY-ST. ZIP	ORLANDO, FL 32801
TITLE	CD	2. TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SENEFF, JAMES M., JR.	22. NAME	BOYD, SCOTT
STREET ADDRESS	400 E. SOUTH ST., #500	23. STREET ADDRESS	400 EAST SOUTH STREET, SUITE 500
CITY-ST. ZIP	ORLANDO FL	24. CITY-ST. ZIP	ORLANDO, FL 32801
TITLE	S	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, LYNN	32. NAME	
STREET ADDRESS	400 E. SOUTH ST., #500	33. STREET ADDRESS	
CITY-ST. ZIP	ORLANDO FL	34. CITY-ST. ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST. ZIP		44. CITY-ST. ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST. ZIP		54. CITY-ST. ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST. ZIP		64. CITY-ST. ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James M. Seneff, Jr. 3/13/96 (407) 422-1575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)