


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90061 025 \*\*\*\*61.25

<b>DOCUMENT # N02000009783</b> 1. Entity Name <b>ASSOCIATION OF INN OWNERS, INC.</b>					
Principal Place of Business <b>C/O NED F. SINDER 3310 BAYOU RD LONGBOAT KEY, FL 34228</b>			Mailing Address <b>C/O NED F. SINDER 3310 BAYOU RD LONGBOAT KEY, FL 34228</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BENTLEY, MORGAN R 200 S ORANGE AVE SARASOTA, FL 34236</b>				Name <b>NED F. SINDER</b> Street Address (P.O. Box Number is Not Acceptable) <b>3310 BAYOU ROAD</b> City <b>LONGBOAT KEY</b> FL Zip Code <b>34228</b>	
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 <u>Ned F. Sinder - NED F. SINDER - PRES.</u> DATE <u>2/9/04</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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	PD <b>SINDER, NED F</b> <b>3310 BAYOU RD</b> <b>LONGBOAT KEY, FL 34228</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>MORRISSEY, MICHAEL</b> <b>91 MUIRFIELD CIRCLE</b> <b>WHEATON, IL 60187</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>BENTLEY, SUSAN</b> <b>2028 JONILA AVE</b> <b>LAKELAND, FL 33803</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>RICHARD MORENCY</b> <b>91 MUIRFIELD CIRCLE</b> <b>WHEATON, IL 60187</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRAIG T. DUBOIS - DIRECTOR <b>1642 30TH COURT</b> <b>KENOSHA, WI 53144</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <b>WILLIAM L. McHUGH</b> <b>90 SOLDIERS PLACE</b> <b>BUFFALO, NY 14222</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <b>STEVEN SUDOW</b> <b>1940 JANICE AVE</b> <b>HELLOSE PARK, FL 34160</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Ned F. Sinder - PRESIDENT - NED F. SINDER</u> DATE <u>2/9/04</u> DAYTIME PHONE # <u>941/385-9411</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					