2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N09553

Entity Name: HILLSBOROUGH COUNTY HOTEL & MOTEL ASSOCIATION, INC.

Current Principal Place of Business:

109 N. BRUSH ST.
SUITE 400
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 3298
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 59-1732091 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MORRISON, BOB
109 N. BRUSH ST.
SUITE 400
TAMPA, FL 33602 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:	ED	( ) Delete
Name:	MORRISON, BOB,	
Address:	109 N. BRUSH ST. SUITE 400	
City-St-Zip:	TAMPA, FL 33602 US	
Title:	D	( ) Delete
Name:	BEECHAM, DAVID	
Address:	TWO TAMPA CITY CENTER	
City-St-Zip:	TAMPA, FL 33602	
Title:	P/D	( ) Delete
Name:	COLLIER, JOE	
Address:	5108 EISENHOWER BLVD.	
City-St-Zip:	TAMPA, FL 33634	
Title:	VP/D	( ) Delete
Name:	BARTHOLOMAY, JIM	
Address:	RENAISSANCE TAMPA, 4200 JIM WALTER BLVD.	
City-St-Zip:	TAMPA, FL 33609	
Title:	D	( ) Delete
Name:	SCOTT, MARY	
Address:	TAMPA MARRIOTT WATERSIDE	
City-St-Zip:	TAMPA, FL 33602	
Title:	ST/D	( ) Delete
Name:	CLOUGH, JEFF	
Address:	SADDLEBROOK RESORT & SPA	
City-St-Zip:	WESLEY CHAPEL, FL 33543	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP/D	(X) Change ( ) Addition
Name:	BEECHAM, DAVID	
Address:	TWO TAMPA CITY CENTER	
City-St-Zip:	TAMPA, FL 33602	
Title:	D	(X) Change ( ) Addition
Name:	COLLIER, JOE	
Address:	5108 EISENHOWER BLVD.	
City-St-Zip:	TAMPA, FL 33634	
Title:	P/D	(X) Change ( ) Addition
Name:	BARTHOLOMAY, JIM	
Address:	RENAISSANCE TAMPA, 4200 JIM WALTER BLVD.	
City-St-Zip:	TAMPA, FL 33609	
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: BOB MORRISON ED 04/30/2007

Electronic Signature of Signing Officer or Director — Date