

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09553

FILED  
Apr 23, 2010  
Secretary of State

**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:**

201 E. KENNEDY BLVD.  
SUITE 1475  
TAMPA, FL 33602 US

**Current Mailing Address:**

P O BOX 3298  
TAMPA, FL 33601 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:**

MORRISON, BOB  
201 E. KENNEDY BLVD.  
SUITE 1475  
TAMPA, FL 33602 US

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

04/23/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: ED  
Name: MORRISON, BOB  
Address: 201 E. KENNEDY BLVD., SUITE 1475  
City-St-Zip: TAMPA, FL 33602 US

Title: P/D  
Name: RIEHLE, GREG  
Address: SADDLEBROOK RESORT  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VP/D  
Name: BROOKS, GREG  
Address: COURTYARD BY MARRIOTT DOWNTOWN  
City-St-Zip: TAMPA, FL 33602

Title: ST/D  
Name: ROTHCHILD, MARTIN  
Address: EMBASSY SUITES USF  
City-St-Zip: TAMPA, FL 33612

Title: D  
Name: ALICANDRO, RON  
Address: THE WESTIN TAMPA BAY AIRPORT  
City-St-Zip: TAMPA, FL 33607

Title: D  
Name: BARTHOLOMAY, JIM  
Address: RENAISSANCE TAMPA INTERNATIONAL PLAZA  
City-St-Zip: TAMPA, FL 33607

I hereby 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 all other like empowered.

SIGNATURE: BOB MORRISON

ED

04/23/2010

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

\_\_\_\_\_  
Date