

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20166

FILED
Feb 23, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA HOTEL&LODGING ASSOCIATION EDUCATIONAL TRUST FUND, INC.

Current Principal Place of Business:

7380 SAND LAKE RD
STE 300
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

7380 SAND LAKE RD
STE 300
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-2875525 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MALADECKI, RICHARD J
7380 SAND LAKE RD
STE 300
ORLANDO, FL 32819 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: P
Name: MALADECKI, RICHARD J
Address: 7380 SAND LAKE RD, STE 300
City-St-Zip: ORLANDO, FL 32819

Title: T/D
Name: URQUIOLA, GERALD
Address: 7380 SAND LAKE RD, STE 300
City-St-Zip: ORLANDO, FL 32819

Title: C/D
Name: TRIPOLI, SCOTT
Address: 7380 SAND LAKE RD, STE 300
City-St-Zip: ORLANDO, FL 32819

Title: D
Name: BURNS, JIM
Address: 7380 SAND LAKE RD, STE 300
City-St-Zip: ORLANDO, FL 32819

Title: D
Name: ROBBINS, LOUIS
Address: 7380 SAND LAKE RD, STE 300
City-St-Zip: ORLANDO, FL 32819

Title: D
Name: PENSULA, SAM
Address: 7380 SAND LAKE RD, STE 300
City-St-Zip: ORLANDO, FL 32819

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: RICHARD MALADECKI

P

02/23/2011

Electronic Signature of Signing Officer or Director

_____ Date