

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90048 016 \*\*\*\*61.25

**DOCUMENT # N48715**

1. Entity Name

HOSPITALITY SALES & MARKETING ASSOCIATION  
INTERNATIONAL, NORTH FLORIDA CHAPTER INC.



Principal Place of Business

Mailing Address

P.O. BOX 551175  
JACKSONVILLE FL 32255

P.O. BOX 551175  
JACKSONVILLE FL 32255



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3134474

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

DIPPEL, KRISTINE  
1000 PGA TOUR BLVD  
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name

Angela Kurczewski

Street Address (P.O. Box Number is Not Acceptable)

1201 Riverplace Boulevard

City

Jacksonville FL 32207 FL

Zip Code

32207

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete  
NAME BRILLI, DENISE  
STREET ADDRESS 500 S. LEGACY TRAIL  
CITY-ST-ZIP SAINT AUGUSTINE FL 32092

TITLE T ☒ Delete  
NAME DIPPEL, KRISTINE  
STREET ADDRESS 1000 PGA TOUR BLVD  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE VP ☐ Delete  
NAME LANG, MARGY  
STREET ADDRESS PO BOX 24570  
CITY-ST-ZIP JACKSONVILLE FL 32241

TITLE VP ☒ Delete  
NAME CROSBY, DAWN  
STREET ADDRESS 9745 GATE PARKWAY N  
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE P ☐ Delete  
NAME SANCHEZ, LUIS  
STREET ADDRESS 513 SUNSET DR.  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE James F. Tierney ☐ Change ☒ Addition  
NAME President  
STREET ADDRESS P.O. Box 24570 Jacksonville FL 32241  
CITY-ST-ZIP

TITLE Angela Kurczewski ☐ Change ☒ Addition  
NAME Treasurer  
STREET ADDRESS 1201 Riverplace Blvd.  
CITY-ST-ZIP Jacksonville FL 32207

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Angela Kurczewski

3-1506 904-396-8843