

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90041 032 ****61.25

DOCUMENT # N48715

1. Entity Name

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



Principal Place of Business

P.O. BOX 551175
JACKSONVILLE FL 32255

Mailing Address

P.O. BOX 551175
JACKSONVILLE FL 32255



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

KURCZEWSKI, ANGELA
1201 RIVERPLACE BLVD
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name Katie Kurycki

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

Suite 1000

City Jacksonville

FL

Zip Code

32202

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

Katharine Kurycki

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

(NOTE: Registered Agent signature required when reappointing)

2/9/07

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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	<input checked="" type="checkbox"/> Delete
NAME	BRILLI, DENISE	
STREET ADDRESS	500 S. LEGACY TRAIL	
CITY - ST - ZIP	SAINT AUGUSTINE FL 32092	

TITLE	T	<input type="checkbox"/> Delete
NAME	KURCZEWSKI, ANGELA	
STREET ADDRESS	1201 RIVERPLACE BLVD	
CITY - ST - ZIP	JACKSONVILLE FL 32207	

TITLE	VP	<input type="checkbox"/> Delete
NAME	LANG, MARGY	
STREET ADDRESS	PO BOX 24570	
CITY - ST - ZIP	JACKSONVILLE FL 32241	

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, LUIS	
STREET ADDRESS	513 SUNSET DR.	
CITY - ST - ZIP	PONTE VEDRA BEACH FL 32082	

TITLE	P	<input type="checkbox"/> Delete
NAME	TIERNOY, JAMES F	
STREET ADDRESS	PO BOX 24570	
CITY - ST - ZIP	JACKSONVILLE FL 32241	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Karen Townsend	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	President	
STREET ADDRESS	550 Water St., Suite 1000 Jacksonville FL	
CITY - ST - ZIP	32202	

TITLE	Katie Kurycki	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Treasurer	
STREET ADDRESS	550 Water Street, Suite 1000	
CITY - ST - ZIP	Jacksonville FL 32202	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Margy Lang

2-7-07 904-466-9577