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FILED  
Feb 27 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000001117 (0)

1. Corporation Name

PALM BEACH COUNTY HOTEL & MOTEL ASSOCIATION, INC



Principal Place of Business

Mailing Address

230 ROYAL PALM WAY  
PALM BEACH FL 33480  
US

230 ROYAL PALM WAY  
PALM BEACH FL 33480  
US

3. Date Incorporated or Qualified

03/07/1994

4. FEI Number

59-3243488

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SEMADENI, DAVID  
230 ROYAL PALM WAY  
PALM BEACH FL 33480

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

230 Royal Palm Way, Suite 403

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME BAGWELL DAVID  
STREET ADDRESS 400 AVENUE OF CHAMPIONS  
CITY-ST-ZIP PALM BEACH GARDENS FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Chairman ☒ Change ☐ Addition

TITLE SD  
NAME DAVID SEMADENI  
STREET ADDRESS 230 ROYAL PALM WAY  
CITY-ST-ZIP PALM BCH FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

230 Royal Palm Way, Suite 403

TITLE TD  
NAME ADAIR CHEW  
STREET ADDRESS 155 HAMMON AVE  
CITY-ST-ZIP PALM BCH FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Vice President, Director ☒ Change ☐ Addition

TITLE DVP  
NAME RICHARD STAFFORD  
STREET ADDRESS 5981 OKEECHOBEE BLVD  
CITY-ST-ZIP WEST PALM BCH FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

President ☒ Change ☐ Addition

8511 East Garden Oaks Circle  
Palm Beach Gardens, FL 33410

TITLE VPD  
NAME FEDER, DAVID  
STREET ADDRESS 501 EAST CAMINO REAL  
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Treasurer ☐ Change ☒ Addition

Christopher Hart  
2800 South Ocean Boulevard  
Palm Beach, FL 33480

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 its receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

(561) 820-9111

CR2E037 (10/97)