FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **N94000001117**

1. Corporation Name

PALM BEACH COUNTY HOTEL & MOTEL ASSOCIATION, INC

Principal Place of Busines
230 ROYAL PALM WAY
PALM BEACH FL 33480
US

Mailing Address

230 ROYAL PALM WAY PALM BEACH FL 33480



FILED

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90161 033 ****70.00

									· •	
⊢⊸	Principal Place of Business	2a.	Mailing Address			Date Incorporated or Qualifed 03/07/1994			. *	
21		26								
\Box	Suite, Apt. #, etc.		Suite, Apt. #, etc.		1	FEI Number.	· .		Applied For	
22	, in the second	27			!	59-324348 8		· [Not Applicable	
	City & State		City & State		5. (Certificate of Status Desired	x 1-		.75 Additional	
23		28					-	F	ee Required `	
	Zip Country		Zip Cou	ıntry	" '	Election Campaign Financing			.00 May Be	
24	25	29	30		1	Trust Fund Contribution	_	Ad	ided to Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
			· · · · · · · · · · · · · · · · · · ·	81	Name	•	·			
SEMADENI, DAVID				82	32 Street Address (P.O. Box Number is Not Acceptable)					
,	230 ROYAL PALM WAY				l	•			·	
l	230 ROTAL PALIN WAT									

STE 403 PALM BEACH FL 33480 11.

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the ab		a newed composition submits this statement for the number of changing its registered
 Pursuant to the provisions of Sections 61/.0502 and 61/.1508, Florida Statutes, the at 	DOVE	/e-named corporation southits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized	haz t	the corporation's board of directors. I hereby accept the appointment as registered
Office of registered agent, or both, in the State of Florida. Such change was additionable		THE OSTPORADOR OF BROOKERS. FROM ST. P. C.
agent I am familiar with and accept the obligations of Section 617.0503. Florida Statu	ites.	5.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	. (NOTE: Re	gistered Agent signature r	required when reinstating) DATE	· · · · · · · · · · · · · · · · · · ·	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AT		
TITLE	С	™ DELETE	1,1 TITLE	V.P. JACRETOR	Change	Addition
NAME	BAGWELL DAVID		1.2 NAME	WOLFGANG BARREY		
STREET ADDRESS	400 AVENUE OF CHAMPIONS		1.3 STREET ADDRESS	100 s offah Buil.	•	
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP	MANACAPAN, FL. 33462		
TITLE	SD	☐ DELETE	2.1 TITLE		Change	Addition
NAME	DAVID SEMADENI		2.2 NAME	·		
STREET ADDRESS	230 ROYAL PALM WAY, STE 403		2.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BCH FL		2.4 CITY-ST-ZIP		_ <u></u>	
TITLE	VPD	⊠ DELETE	3.1 TITLE	N.P. DIETEROE	☐ Change	Addition
NAME	ADAIR CHEW		3.2 NAME	JAVIJ BAXTER	À	
STREET ADDRESS	155 HAMMON AVE		3.3 STREET ADDRESS	1000		
CITY-ST-ZIP	PALM BCH FL		3.4. CITY-ST-ZIP	WEST PARM BOACH, FL. 33		
TITLE	P	☐ DETELE	4.1 TITLE	CHARMAN	Change	☐ Addition
NAME	RICHARD STAFFORD		4. 2 NAME			
STREET ADDRESS	8511 EAST GARDEN OAKES CIR		4.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		4.4 CITY-ST-ZIP			
TITLE	VPD	☐ DETELE	5.1 TITLE	reesyes.	Change .	☐ Addition
NAME	FEDER, DAVID		5.2 NAME			ļ
STREET ADDRESS	501 EAST CAMINO REAL		5.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP			
TITLE	Ť	DELETE	6.1 TITLE	TERSURE	Change	Addition
NAME	HART, CHRISTOPHER	1		EHRISTINE HAMBUN 5 NORTH AIA		ļ
STREET ADDRESS	2800 SOUTH OCEAN BLVD		6.3 STREET ADDRESS	·		Ì
City-St-zip	PALM BEACH FL 33480 /		6.4 CITY-ST-ZIP	30 PITAL, FL. 33477		

ng does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information epon is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an istee impowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in the address, with all other like empowered. 14. I hereby certify that the information surplied wit indicated on this annual report or supplemental officer or director of the corporation of the receiped Block 12 or Block 13 if changed, or on a page 12.

SIGNATURE:

Zip Code

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