

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000001117

1. Entity Name
**PALM BEACH COUNTY HOTEL & LODGING
ASSOCIATION, INC.**



Principal Place of Business
**1392 NORTH KILLIAN DRIVE
SUITE 201
LAKE PARK, FL 33403 US**

Mailing Address
**1392 NORTH KILLIAN DRIVE
SUITE 201
LAKE PARK, FL 33403 US**



03222008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3243488

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SEMADENI, DAVID
1392 NORTH KILLIAN DRIVE
SUITE 201
LAKE PARK, FL 33403**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000885859
04/18/08-80031-005 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMIDON, ROGER 10 NORTH OCEAN BLVD DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVID SEMADENI 230 ROYAL PALM WAY SUITE 405 PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TURNER, STAN 3700 NORTH OCEAN LANE SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP CASTINER, JEFF 5 NORTH A1A JUPITER, FL 33477
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TAYLOR, TRICIA 1 SOUTH COUNTY ROAD PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/08

Date

(561) 882-9813

Daytime Phone #