


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N95000005900 (4)**

1. Corporation Name

**SARASOTA / MANATEE CHAPTER, HOSPITALITY SALES AND MARKETING ASSOCIATION INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

**NATIONAL FAIRWAYS LTD  
5710 DRAW LANE  
SARASOTA FL 34238  
US**

**C/O NATIONAL FAIRWAYS LTD  
5710 DRAW LANE  
SARASOTA FL 34238  
US**

3. Date Incorporated or Qualified

**12/12/1995**

4. FEI Number

**65-0627613**

Applied For

Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROWNOVER, PETER  
5710 DRAE LANE  
C/O NATIONAL FAIRWAYS LTD  
SARASOTA FL 34238**

81 Name

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

**5710 DRAW LANE**

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

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CROWNOVER, PETER</b>	
STREET ADDRESS	<b>5710 DRAW LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GOTTSCHALK, BERNIE</b>	
STREET ADDRESS	<b>5710 DRAW LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>EVANS, JOHN</b>	
STREET ADDRESS	<b>118 INDIAN PLACE #18</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KINGSTON SHARON</b>	
STREET ADDRESS	<b>4450 47TH ST W</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>CROWNOVER, PETER</b>	
STREET ADDRESS	<b>5710 DRAW LANE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ADKINS, CHRIS</b>	
1.3 STREET ADDRESS	<b>233 BEN FRANKLIN DR.</b>	
1.4 CITY-ST-ZIP	<b>SARASOTA FL 34236</b>	
2.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>GOTTSCHALK, BERNIE</b>	
2.3 STREET ADDRESS	<b>5710 DRAW LANE</b>	
2.4 CITY-ST-ZIP	<b>SARASOTA, FL 34238</b>	
3.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VALERIANO, GINA</b>	
3.3 STREET ADDRESS	<b>3506 1st St. W.</b>	
3.4 CITY-ST-ZIP	<b>BRADENTON, FL 34208</b>	
4.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>YOUNG, MICHELLE</b>	
4.3 STREET ADDRESS	<b>301 GOLF OF MEXICO DR.</b>	
4.4 CITY-ST-ZIP	<b>LONG BEACH KEY, FL 34278</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>MARQUEZ ROGER</b>	
6.3 STREET ADDRESS	<b>4601 46th St. Center</b>	
6.4 CITY-ST-ZIP	<b>BRADENTON FL 34210</b>	

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 the 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:

**PETER CROWNOVER** 4-9-98 941-925-0600

CP2E037 (10/97)