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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005900

1. Corporation Name

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

451027 - 90253 - 40

Principal Place of Business

NATIONAL FAIRWAYS LTD
5710 DRAW LANE
SARASOTA FL 34238
US

Mailing Address

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



2. Principal Place of Business

21 **KOLLSTAR GOLF Co.**

Suite, Apt. #, etc.

22 **SAME**

City & State

23 **FL**

Zip

24 **34238**

Country

25 **US**

2a. Mailing Address

26 **KOLLSTAR GOLF Co.**

Suite, Apt. #, etc.

27 **SAME**

City & State

28 **FL**

Zip

29 **34238**

Country

30 **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

9. Name and Address of Current Registered Agent

CROWNOVER, PETER
5710 DRAW LN
C/O NATIONAL FAIRWAYS LTD
SARASOTA FL 34238

10. Name and Address of New Registered Agent

81 Name

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

83 **C/O KOLLSTAR GOLF Co.**

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 **PD** ☒ DELETE
NAME **ADKINS, CHRIS**
STREET ADDRESS **233 BEN FRANKLIN DR**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **VD** ☐ DELETE
NAME **GOTTSCHALK, BERNIE**
STREET ADDRESS **5710 DRAIN LN**
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE **SD** ☒ DELETE
NAME **VALENTINO, GINA**
STREET ADDRESS **3506 1ST ST W**
CITY-ST-ZIP **BRADENTON FL 34208**

TITLE **VD** ☐ DELETE
NAME **YOUNG, MICHELLE**
STREET ADDRESS **301 GULF OF MEXICO DR**
CITY-ST-ZIP **LONGBOAT KEY FL 34238**

TITLE **TD** ☐ DELETE
NAME **CROWNOVER, PETER**
STREET ADDRESS **5710 DRAW LANE**
CITY-ST-ZIP **SARASOTA FL**

TITLE **VD** ☐ DELETE
NAME **MARQUIS, ROGER**
STREET ADDRESS **4601 46TH ST CENTER**
CITY-ST-ZIP **BRADENTON FL 34210**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **YOUNG, MICHELLE**
1.3 STREET ADDRESS **301 GULF OF MEXICO DR.**
1.4 CITY-ST-ZIP **LONGBOAT KEY, FL 34238**

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

3.1 TITLE **ANDREWS, DIANE VD** ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS **301 GULF OF MEXICO DR.**
3.4 CITY-ST-ZIP **LONGBOAT KEY, FL 34238**

4.1 TITLE **ADKINS LAURIE VD** ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS **1540 BEN FRANKLIN DR.**
4.4 CITY-ST-ZIP **SARASOTA FL 34236**

5.1 TITLE **SD TD** ☒ Change ☐ Addition
5.2 NAME **CROWNOVER, PETER**
5.3 STREET ADDRESS **5710 DRAW LANE**
5.4 CITY-ST-ZIP **SARASOTA 34238**

6.1 TITLE **VD** ☒ Change ☐ Addition
6.2 NAME **MARQUIS, ROGER**
6.3 STREET ADDRESS **5726 CORTEZ ROAD WEST SUITE 338**
6.4 CITY-ST-ZIP **BRADENTON, FL**

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, with all other like empowered.

SIGNATURE **PETER CROWNOVER** 4-26-99 941-925-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)