## **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 # N9700002985

Corporation Name

FLORIDA SUPERIOR SMALL LODGING ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

27

926 ELYSIUM BLVD. MT. DORA FL 32757-7025

Suite, Apt. #, etc.

22

926 ELYSIUM BLVD. MT. DORA FL 32757-7025

2a. Mailing Address

Suite, Apt. #, etc.

## FILED Feb 16, 1999 8:00am Secretary of State

02-16-1999 90011 002 \*\*\*\*61.25



3. Date Incorporated or Qualifed

05/22/1997

APPLIED FOR

4. FEI Number

NAME WILKERSON, MARY 2.2 NAME STREET ADDRESS 810 GULFSIDE BLVD. 2.3 STREET ADDRESS INDIAN ROCKS BCH. FL 34635 2.4 City-St-Zip 2.4 City-St-Zip	9
PERMODY, DONAL A  9. Name and Address of Current Registered Agent  DERMODY, DONAL A  926 ELYSIUM BLVD.  MT. DORA FL 32757-7025  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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. STREET ADDRESS  280 TREET ADDRESS  280 TREET ADDRESS  15. LAUDERDALE FL 33304  16. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 617.0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 renstating)  12. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  12. NAME  13. STREET ADDRESS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  12. NAME  13. STREET ADDRESS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  14. TITLE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  16. Change Agent and Title Agent and Title Agent and Title Agent Ag	
25   29   30   Trust Fund Contribution   Added to Fees	
DERMODY, DONAL A 926 ELYSIUM BLVD. MT. DORA FL 32757-7025  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 register of eigent. 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.  NAME  PORIER, ROBERT A  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. STREET ADDRESS  CITY-ST-ZIP  TITLE  TYPD  DELETE  14. CITY-ST-ZIP  DELETE  22. NAME  WILKERSON, MARY  STREET ADDRESS  610 Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  82 Street Address (P.O. Box Number is Not Acceptable)  83   Zip Code  15. City  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. STREET ADDRESS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. STREET ADDRESS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. STREET ADDRESS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. STREET ADDRESS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. STREET ADDRESS  16. CITY-ST-ZIP  NAME  WILKERSON, MARY  22. NAME  WILKERSON, MARY  23. STREET ADDRESS  16. CITY-ST-ZIP  NAME  WILKERSON, MARY  24. CITY-ST-ZIP  NAME  STREET ADDRESS  17. LAUDEROALE FL 34635  24. CITY-ST-ZIP	red
DERMODY, DONAL A 926 ELYSIUM BLVD. MT. DORA FL 32757-7025  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'. Hereby accept the appointment are registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  TDC  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  PORIER, ROBERT A  12. NAME  12. NAME  12. NAME  13. STREET ADDRESS  TT. LAUDERDALE FL 33304  14. CITY-ST-ZIP  TITLE  Change  ACTY-ST-ZIP  NAME  WILKERSON, MARY  22. NAME  STREET ADDRESS  CITY-ST-ZIP  INDIAN ROCKS BCH. FL 34635  24. CITY-ST-ZIP  BAS Zip Code  14. City  TITLE  Change  ACTY-ST-ZIP  Change  ACTY-ST-ZIP  INDIAN ROCKS BCH. FL 34635	ed
926 ELYSIUM BLVD. MT. DORA FL 32757-7025  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 register of 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 Change  POIRIER, ROBERT A  12. NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TVPD  DELETE  21. TITLE  13. STREET ADDRESS  CITY-ST-ZIP  TITLE  VILL CHANGE  14. CITY-ST-ZIP  TITLE  Change  ACCHANGE  ACCHANGE  CITY-ST-ZIP  TITLE  DELETE  21. TITLE  Change  ACCHANGE  ACCH	·ed
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### City ### A City ##	ed
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 register of 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 are agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE  TDC  POIRIER, ROBERT A  12. NAME  STREET ADDRESS  CITY-ST-ZIP  TVPD  DELETE  14. CITY-ST-ZIP  TVPD  DELETE  21. TITLE  TVPD  DELETE  21. TITLE  VILLE  Change  ACCHANGE  STREET ADDRESS  CITY-ST-ZIP  TVPD  DELETE  22. NAME  STREET ADDRESS  LA CITY-ST-ZIP  NDIAN ROCKS BCH. FL 34635	red
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12. OFFICERS AND DIRECTORS  TITLE TDC PORIER, ROBERT A 12. NAME PORIER, ROBERT A 12. NAME STREET ADDRESS CITY-ST-ZIP TTLE TVPD DELETE UNLKERSON, MARY 810 GULFSIDE BLVD. CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP UNDIAN ROCKS BCH. FL 34635  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS AND DIRE	<b>[5]</b>
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STREET ADDRESS 6.3 STREET ADDRESS	
64 CITY-ST-ZIP	}
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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/9 35V

352/735-4635

K2E03/ (11/98)

Applied For

Not Applicable