


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90194 007 \*\*\*\*61.25

<b>DOCUMENT # N97000002985</b>		
1. Entity Name <b>FLORIDA SUPERIOR SMALL LODGING ASSOCIATION, INC.</b>		
Principal Place of Business <b>1809 SILVER VALLEY COURT APOPKA, FL 32712</b>		Mailing Address <b>1809 SILVER VALLEY COURT APOPKA, FL 32712</b>
2. Principal Place of Business - No P.O. Box # <b>5201 Adams Street</b>	3. Mailing Address <b>5201 Adams St</b>	
Suite, Apt. #, etc. <b>1</b>	Suite, Apt. #, etc.	
City & State <b>Hollywood FL</b>	City & State <b>Hollywood FL</b>	
Zip <b>33021</b>	Country <b>USA</b>	Country <b>USA</b>



04292008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-3514390</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>ARTHUR, CATHERINE 1809 SILVER VALLEY COURT APOPKA, FL 32712</b>		7. Name and Address of New Registered Agent Name <b>Donna Baucher</b> Street Address (P.O. Box Number is Not Acceptable) <b>5201 Adams Street</b> City <b>Hollywood</b> FL Zip Code <b>33021</b>
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 <b>Donna Baucher</b> Signature, typed or printed name of registered agent and title if applicable.		Executive Director <b>Donna Baucher</b> DATE <b>April 29/08</b> (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RODRIGUEZ, STEVEN 18131 GULF BOULEVARD REDINGTON SHORES, FL 33708</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V JOHN, AMBROSIO 2648 NE 32ND STREET FT. LAUDERDALE, FL 33306</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S JONES, DANA 1100 REID ST. PALATKA, FL 32178</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary Debbie Dyer 315 West Main Street Tavares, Florida 32778</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FAULISE, PAUL 510 ESTERO BLVD FORT MYERS BEACH, FL 33931</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Donna Baucher 5201 Adams Street Hollywood, Florida 33021</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** **Donna Baucher** **April 29/08** **924-8954777**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #