

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003222

FILED
May 01, 2006
Secretary of State

Entity Name: HOTEL HUMAN RESOURCES ASSOCIATION OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

5678 W IRLO BRONSON MEM HWY
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

5678 W IRLO BRONSON MEM HWY
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 59-3449556 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DETZEL, CHRISTOPHER A ESQ
540 EAST HORATIO AVENUE #202
MAITLAND, FL 327941030 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: CENTRETTO, NANCY
Address: 2345 SAND LAKE RD
City-St-Zip: ORLANDO, FL 32809

Title: T () Delete
Name: MARTIN, CAROLE
Address: 5820 W IRLO BRONSON HWY
City-St-Zip: KISSIMMEE, FL 34746

Title: D (X) Delete
Name: HAVARD, MARK
Address: ONE GRAND CYPRESS BLVD
City-St-Zip: ORLANDO, FL 32836

Title: P () Delete
Name: MARKS-SECRET, MARY
Address: 5678 IRLO BRONSON HWY
City-St-Zip: KISSIMMEE, FL 34746

Title: VP () Delete
Name: BARTOLETTA, JIM
Address: 1751 HOTEL PLAZA BLVD
City-St-Zip: LAKE BUENA VISTA, FL 32830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN L ENNIS

D

05/01/2006

Electronic Signature of Signing Officer or Director

Date