

FILE NOW: FILING FEE IS \$61.25

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**Mar 05 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006856 (5)
 1. Corporation Name
HOTEL PLAZA ASSOCIATION, INC.



Principal Place of Business 1905 HOTEL PLAZA BLVD. LAKE BUENA VISTA FL 32830	Mailing Address P.O. BOX 22041 LAKE BUENA VISTA FL 32830
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3. Date Incorporated or Qualified 12/09/1997	
4. FEI Number 59-3483032	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**BEMENT, DENNIS G
1905 HOTEL PLAZA BLVD.
LAKE BUENA VISTA FL 32830**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	Director/Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEMENT, DENNIS G	1.2 NAME	
STREET ADDRESS	1905 HOTEL PLAZA BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	Director/President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFEI, SAMIR A	2.2 NAME	
STREET ADDRESS	1751 HOTEL PLAZA BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	Director/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, LOUIS J	3.2 NAME	
STREET ADDRESS	2305 HOTEL PLAZA BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	Director/Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOLZ, ROBERT L	4.2 NAME	
STREET ADDRESS	1900 BUENA VISTA DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Director/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, PHILIP V	5.2 NAME	
STREET ADDRESS	2000 HOTEL PLAZA BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	Director/Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRINDA, JEFFREY C	6.2 NAME	RODWICK, Bill
STREET ADDRESS	1805 HOTEL PLAZA BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	6.4 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.

SIGNATURE: _____ **3/5/98 (407) 827-3108**

CFR2037 (10/97)