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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N97000006856

1. Corporation Name
 HOTEL PLAZA ASSOCIATION, INC.

5 6 8 9 8 7
 560907-90076-24

Principal Place of Business
 1905 HOTEL PLAZA BLVD.
 LAKE BUENA VISTA FL 32830

Mailing Address
 P.O. BOX 22041
 LAKE BUENA VISTA FL 32830



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/09/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3483032
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	29	\$8.75 Additional Fee Required
	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BEMENT, DENNIS G 1905 HOTEL PLAZA BLVD. LAKE BUENA VISTA FL 32830	81 Name Robbins, Louis J. 82 Street Address (P.O. Box Number is Not Acceptable) 2305 Hotel Plaza Blvd 83 84 City Lake Buena Vista FL 85 Zip Code 32830

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input 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	DP	2.1 TITLE	Director / Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAFEL, 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	DS	3.1 TITLE	Director / President <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	DVP	4.1 TITLE	Director / Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOLZ, ROBERT L	4.2 NAME	Jim Goss
STREET ADDRESS	1900 BUENA VISTA DR.	4.3 STREET ADDRESS	1800 Hotel Plaza Blvd
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	4.4 CITY-ST-ZIP	Lake Buena Vista, FL 32830
TITLE	DT	5.1 TITLE	Director / Vice President <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	DAS	6.1 TITLE	Director / Secretary <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODWICK, BILL	6.2 NAME	Glenn Aycock
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, with all other like empowered.

SIGNATURE: LOUIS J. ROBBINS REQUIRED J. Robbins 4/12/99 (407) 934-1008
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)