


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90191 017 ****61.25

DOCUMENT # N97000006856

1. Entity Name
HOTEL PLAZA ASSOCIATION, INC.



Principal Place of Business
**1800 HOTEL PLAZA BLVD.
 LAKE BUENA VISTA, FL 32830**

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

44043003



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03082004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
**HAVENSTEIN, GREG
 1980 BUENA VISTA DR
 ORLANDO, FL 32830**

7. Name and Address of New Registered Agent
 Name **Mark Clossey**
 Street Address (P.O. Box Number is Not Acceptable)
1905 Hotel Plaza Blvd
 City **Lake Buena Vista FL** Zip Code **32830**

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 **Mark P. Coney** **mark Clossey** **4/12/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing **\$5.00** May Be Added to Fees **Trust Fund Contribution.**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLOSSEY, MARK 1905 HOTEL PLAZA BLVD LAKE BUENA VISTA, FL 32830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GROSSO, JAMES 1751 HOTEL PLAZA BLVD ORLANDO, FL 32830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD AYCOCK, GLENN 1805 HOTEL PLAZA BLVD. LAKE BUENA VISTA, FL 32830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAVENSTEIN, GREG 1900 BUENA VISTA DR LAKE BUENA VISTA, FL 32830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Jeff Weinthal 2305 Hotel Plaza Blvd Lake Buena Vista, FL 32830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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: **Mark P. Coney** **mark Clossey** **4/12/04** **(407) 827-3127**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #