


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90060 027 ****61.25

DOCUMENT # N97000006856

1. Entity Name
 HOTEL PLAZA ASSOCIATION, INC.



40073948

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

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



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04072008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 59-3483032

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

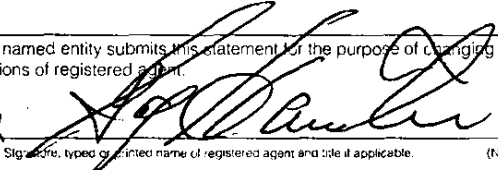
6. Name and Address of Current Registered Agent

BARRET, JANE
 1850 HOTEL PLAZA BLVD
 LAKE BUENA VISTA, FL 32830

7. Name and Address of New Registered Agent

Name Greg Hauenstein
 Street Address (P.O. Box Number is Not Acceptable)
1900 Buena Vista Dr.
 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:  DATE: 4/8/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

Filing Fee is \$61.25
Due by May 1, 2008

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

Make check payable to Florida Department of State

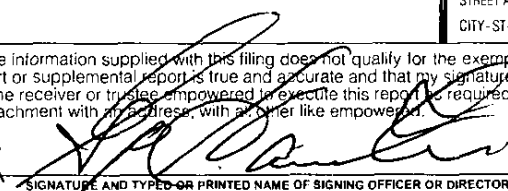
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WRIGHT, PHILIP 2000 HOTEL PLAZA BLVD LAKE BUENA VISTA, FL 32830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAUENSTEIN, GREG 1900 BUENA VISTA DR LAKE BUENA VISTA, FL 32830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOSS, JIM 1850 HOTEL PLAZA BLVD LAKE BUENA VISTA, FL 32830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRET, JANE 1850 HOTEL PLAZA BLVD LAKE BUENA VISTA, FL 32830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEACH, ODYSSEY 1905 HOTEL PLAZA BLVD LAKE BUENA VISTA, FL 32830	<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	Secretary James GROSSO 1761 Hotel Plaza Blvd. Lake Buena Vista, FL 32830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman / President	<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	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Glen Winsor 2306 Hotel Plaza Blvd. Lake Buena Vista, FL 32830	<input type="checkbox"/> Change <input checked="" 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 my address, with all other like empowerments.

SIGNATURE:  DATE: 4/8/08

Signature and typed or printed name of signing officer or director