

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000086269

FILED
Jun 25, 2009
Secretary of State

Entity Name: HOSPITALITY PARTNERS, INC.

Current Principal Place of Business:

4489 WINDJAMMER LANE
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

4489 WINDJAMMER LANE
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 65-0540474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAID, EDWARD S
4489 WINDJAMMER LANE
FT. MYERS, FL 33919 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BRAID, EDWARD S
Address: 4489 WINDJAMMER LANE
City-St-Zip: FT. MYERS, FL 33919

Title: DST () Delete
Name: BRAID, PATRICIA A
Address: 4489 WINDJAMMER LANE
City-St-Zip: FT. MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD S. BRAID

P

06/25/2009

Electronic Signature of Signing Officer or Director

Date

Attachment

Edward S. Braid, LCAM
4489 Windjammer Lane
Ft. Myers, FL 33919
239-489-2209 Phone/Fax
239-841-0330 Cell
braid@comcast.net

BRAID ASSOCIATION MANAGEMENT

July 22, 2009

Division of Corporations
Attn: Annual reports Section
PO 6327
Tallahassee, FL 32314

Re: Annual Report Filing

Dear Sir,

In late June I received notice my annual report fee was not paid. This was news to me. My assistant immediately used my credit card to pay not only the \$150.00 fee but the \$400.00 penalty for late payment. I was not aware the business fee was not paid earlier in the year.

I am requesting a refund of \$400.00 that my assistant paid as a late fee for my annual Report.

My document number - P94000086269

Hospitality Partners, Inc. FEI 65 0540474

Earlier in the year I paid my CAM license fee. Either I did not see or tossed the paper work for the annual report. We are not sure what happened to the reporting form.

For a small one/two person business this penalty of \$400.00 for a late payment is rather heavy to say the least. These economic times are difficult enough without having to triple pay for a state license.

Your cooperation in this matter of a refund would be greatly appreciated.

Sincerely,



Edward S. Braid, CAM
LCAM, President
Braid Association Management
A Community Association Management Company