

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000084460

1. Entity Name

OLSHAN HOTEL MANAGEMENT, INC.



Principal Place of Business

560 S. COLLIER BLVD.  
MARCO ISLAND, FL 33937

Mailing Address

560 S. COLLIER BLVD.  
MARCO ISLAND, FL 33937



01302008

No Chg-P

CR2E034 (11/05)

4. FEI Number

65-0641854

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

GOLDSTEIN, BRUCE PA  
500 E. KENNEDY BLVD., SUITE 200  
TAMPA, FL 33602

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME OLSHAN, MORTON L.  
STREET ADDRESS 654 MADISON AVE.  
CITY-ST-ZIP NEW YORK, NY

TITLE S  
NAME LAUGHLIN, RALPH  
STREET ADDRESS 654 MADISON AVE  
CITY-ST-ZIP NEW YORK, NY 10021

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U000000823953  
02/20/08-80057-023 150.00

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 607, 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:

Morton L. Olschan

Date

2/7/08

Daytime Phone #