

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000084460

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: OLSHAN HOTEL MANAGEMENT, INC.

**Current Principal Place of Business:**

560 S. COLLIER BLVD.  
MARCO ISLAND, FL 33937

**New Principal Place of Business:**

**Current Mailing Address:**

560 S. COLLIER BLVD.  
MARCO ISLAND, FL 33937

**New Mailing Address:**

FEI Number: 65-0641854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOLDSTEIN, BRUCE PA  
500 E. KENNEDY BLVD., SUITE 200  
TAMPA, FL 33602 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: P ( ) Delete  
Name: OLSHAN, MORTON L.  
Address: 654 MADISON AVE.  
City-St-Zip: NEW YORK, NY

Title: S ( ) Delete  
Name: LAUGHLIN, RALPH  
Address: 654 MADISON AVE  
City-St-Zip: NEW YORK, NY 10021

**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: MORTON OLSHAN

MR

01/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date