

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90057 032 \*\*\*150.00

DOCUMENT # P96000090058

1. Entity Name

HOTEL MANAGEMENT AFFILIATES, INC.



Principal Place of Business

218 BEACH BLVD  
SUITE 9  
JACKSONVILLE BEACH FL 32250

Mailing Address

475 COMMERCE LAKE DR  
SAINT AUGUSTINE FL 32095



2. Principal Place of Business - No P.O. Box #

2407 MAYPORT ROAD

Suite, Apt. #, etc.

3. Mailing Address

2407 MAYPORT ROAD

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

ATLANTIC BEACH, FL

Zip

32233

Country

DUVAL

City & State

ATLANTIC BEACH, FL

Zip

32233

Country

DUVAL

4. FEI Number 59-3415130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHEA, JOHN W  
475 COMMERCE LAKE DRIVE  
SAINT AUGUSTINE FL 32095

7. Name and Address of New Registered Agent

Name JOHN W. SHEA

Street Address (P.O. Box Number is Not Acceptable)

2407 MAYPORT ROAD

City

ATLANTIC BEACH

FL

Zip Code

32233

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

*John W. Shea*

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

(NOTE: Registered Agent signature required when reappointing)

1/30/2007

Date

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME SHEA, JOHN W  
STREET ADDRESS ~~475 COMMERCE LAKE DRIVE~~  
CITY-ST-ZIP ~~SAINT AUGUSTINE FL 32095~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR ☒ Change ☐ Addition  
NAME JOHN W. SHEA  
STREET ADDRESS 2407 MAYPORT ROAD  
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*John W. Shea*

JOHN W. SHEA, DIRECTOR 1/30/2007 (904) 242-0708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #