

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000026081

1. Entity Name
INNKEEPERS HOSPITALITY FLORIDA, INC.



Principal Place of Business
**306 ROYAL POINCIANA WAY
PALM BEACH, FL 33480**

Mailing Address
**50 COCOANUT ROW
SUITE 200
PALM BEACH, FL 33480**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0826461

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FISHER, JEFFREY
306 ROYAL POINCIANA WAY
PALM BEACH, FL 33480**

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**AS
COHEN, PHILIP
50 COCOANUT ROW, SUITE 200
PALM BEACH, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
FISHER, JEFFREY
306 ROYAL POINCIANA WAY
PALM BEACH, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**ST
POLLAK, ROGER
306 ROYAL POINCIANA WAY
PALM BEACH, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VP
WALKER, TIMOTHY
306 ROYAL POINCIANA WAY
PALM BEACH, FL 33480**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000180874
01/14/05-80025-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Roger Pollak **Roger Pollak** 1-12-05 561 655 9001