

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000026081

1. Entity Name
INNKEEPERS HOSPITALITY FLORIDA, INC.



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

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

DO NOT WRITE IN THIS SPACE



01222007 No Chg-P CR2E034 (11/05)

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
340 ROYAL POINCIANA WAY
SUITE 306
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE D
NAME FISHER, JEFFREY
STREET ADDRESS 340 ROYAL POINCIANA WAY
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ST
NAME POLLAK, ROGER
STREET ADDRESS 50 COCOANUT ROW SUITE 200
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE VP
NAME WALKER, TIMOTHY
STREET ADDRESS 50 COCOANUT ROW SUITE 200
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000619832
02/09/07-80012-021 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____