

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000059804**

1. Entity Name

DRIFTWOOD HOSPITALITY I, INC.



Principal Place of Business

1001 N US HIGHWAY 1  
SUITE 800  
JUPITER, FL 33477

Mailing Address

1001 N US HIGHWAY 1  
SUITE 800  
JUPITER, FL 33477



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0895439

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**

WEISSLER, ROBERT I  
2200 MUSEUM TOWER  
150 WEST FLAGLER STREET  
MIAMI, FL 33130

**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 PD  
NAME BUDDEMEYER, DAVID  
STREET ADDRESS 1001 N US HIGHWAY 1 STE 800  
CITY-ST-ZIP JUPITER, FL 33477

TITLE DVS  
NAME DIAZ, CHARLES M  
STREET ADDRESS 1001 N US HIGHWAY 1 STE 800  
CITY-ST-ZIP JUPITER, FL 33477

TITLE VT  
NAME CARBALLO, LAWRENCE  
STREET ADDRESS 1001 N US HIGHWAY 1 STE 800  
CITY-ST-ZIP JUPITER, FL 33477

TITLE V  
NAME WALZ, PETER  
STREET ADDRESS 1001 N US HIGHWAY 1 STE 800  
CITY-ST-ZIP JUPITER, FL 33477

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000647015  
03/06/07-80055-013 150.00

**DO NOT WRITE  
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 #

02/20/2007