

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V14286

Entity Name: HOTEL FUND, INC.**Current Principal Place of Business:**310 VIA LINDA
PALM BEACH, FL 33480**Current Mailing Address:**PO BOX 3530
RESTON, VA 20195 US**FEI Number:** 58-1994708**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Officer/Director Detail :**

Title DIRECTOR
Name SPIVACK, EDMUND S
Address PO BOX 3530
City-State-Zip: RESTON VA 20195

Title P
Name SPIVACK, EDMUND S.
Address PO BOX 3530
City-State-Zip: RESTON VA 20195

Title T
Name SPIVACK, EDMUND S.
Address PO BOX 3530
City-State-Zip: RESTON VA 20195

Title S
Name SPIVACK, EDMUND S.
Address PO BOX 3530
City-State-Zip: RESTON VA 20195

Title ASST. SECRETARY
Name HUNTER, NANCY
Address PO BOX 3530
City-State-Zip: RESTON VA 20195

I hereby 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 all other like empowered.

SIGNATURE: NANCY HUNTER

ASST. SECRETARY

02/01/2018

Electronic Signature of Signing Officer/Director Detail_____
Date