## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000004400

FILED Apr 30, 2006 Secretary of State

Entity Name: SOUTH DIXIE ANTIQUE ROW ASSOCIATION, INC.

ourrent P	rincipal Place	OT BUSIN	ess:		New Princ	cipai Piac	e of Business:
3700 SOU #6	TH DIXIE						
	LM BEACH, FL	33405	US				
Current M	ailing Addres	s:			New Maili	ing Addre	ess:
3700 SOU	TH DIXIE						
#6 WEST PAI	LM BEACH, FL	. 33405	US				
FEI Number:	65-0682424	FEI Num	ber Applied For	() FEI N	umber Not App	licable ( )	Certificate of Status Desired ( )
Name and	Address of C	urrent R	egistered Age	ent:	Name and	l Address	of New Registered Agent:
	(IE HWY #6 LM BEACH, FL	. 33405	US				
	named entity s of Florida.	submits th	is statement fo	or the purpose	of changing	its registe	red office or registered agent, or bo
n the State	e of Florida.	submits th	is statement fo	or the purpose	of changing	its registe	red office or registered agent, or bo
n the State	e of Florida. RE:		is statement four		of changing	its registe	red office or registered agent, or bo  Date
n the State	e of Florida. RE:	ic Signatu					
n the State	e of Florida.  RE: Electron  S AND DIRECT	ic Signatu TORS: Delete IWY	ure of Register				Date
n the State SIGNATUF  OFFICER:  Title: Name: Address:	Electron  S AND DIRECT  D ()  REYES, ALLAN 3632 S. DIXIE H WEST PALM BE	ic Signatu TORS: Delete HWY EACH, FL 3 Delete HWY	re of Register		ADDITION Title: Name: Address:	D MATABLE 3717-B S	Date  GES TO OFFICERS AND DIRECT
n the State BIGNATUF  DFFICERS  Title: Name: Address: City-St-Zip: Vame: Name: Address:	Electron  S AND DIRECT  D () REYES, ALLAN 3632 S. DIXIE H WEST PALM BE  D () FRENCH, RON 3800 SO DIXIE WEST PALM BE	ic Signatu TORS: Delete HWY EACH, FL 3 Delete HWY EACH, FL 3 Delete Y	ure of Registero		ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	D MATABLE 3717-B S	Date  GES TO OFFICERS AND DIRECT  ( ) Change ( ) Addition  (X) Change ( ) Addition  E, STEVEN DIXIE HWY.

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY COFFEY P 04/30/2006