

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90455 021 ****61.25

DOCUMENT # 717899 1. Entity Name FLORIDA ATTRACTIONS ASSOCIATION, INC.					
Principal Place of Business 1114 N GADSDEN ST TALLAHASSEE, FL 32303 US			Mailing Address 1114 N GADSDEN ST TALLAHASSEE, FL 32303 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1724091	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSS, DONNA H. 1114 N GADSDEN ST TALLAHASSEE, FL 32303			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRASER, ELAINE 19 SAN MARCO AVE SAINT AUGUSTINE, FL 32084 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Sue Van Vleet 81 Lighthouse Avenue St Augustine FL 32080 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD EIMSTAD, ERIE 4400 RICKERBACKER MIAMI, FL 33149 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Elmstad, Eric ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CRAIG, SANDY 254 D SANT MARCO AVE SAINT AUGUSTINE, FL 32084 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCE ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLMES, PHIL 1365 W. HONORAIL AVE ORLANDO, FL 32830 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GEIS, STEVE DNPS ORLANDO, FL 32899 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCE BLOUNT, HOLLY 3251 SOUTH MIAMI AVENUE MIAMI, FL 33129 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	C ☒ Change ☐ Addition	
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 617, 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: <u>Steven C. Davis</u> 4/27/06 (321) 449-4268 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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