2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State
04-29-2008 90088 043 ****61.25

DOCUMENT # N00000000039

1. Entity Name
FLORIDA TOURIST DEVELOPMENT TAX ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1825 HENDRY ST SUITE 312 FORT MYERS, FL 33902	PO BOX 2469 FORT MYERS, FL 33902-2469

04242008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3508334 ☐ Applied For ☐ Not Applicable

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
PARKS, TIMOTHY J 1825 HENDRY ST SUITE 312 FORT MYERS, FL 33902	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, 2008

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	P SINQUFIELD, SUSAN 819 US HWY 301 BRADENTON, FL 34205	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Willbanks, Patsy 302 N. Wilson St., Suite 203 Crestview, FL 32536	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RHODES, JERRY P.O. BOX 35 ORLANDO, FL 32802	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Hershberger, Christina P.O. Box 30 Perry, FL 32348	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUNG, JOANNA 12 SOUTHEAST FIRST STREET GAINESVILLE, FL 32601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Farr, Anne Rose 3485 SE Willoughby Blvd Stuart, FL 34994	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SUNDAY, JOYCE 31 COASTAL CONTRE BLVD, SUITE 500 SANTA ROSA BEACH, FL 32459	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sunday, Joyce 31 Coastal Contre Blvd, Suite 500 Santa Rosa Beach, FL 33902	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PARKS, TIM PO BOX 2469 1825 HENDRY ST SUITE 312 FORT MYERS, FL 339022469	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Parks, Tim PO Box 2469, 1825 Hendry St, 312 Fort Myers, FL 33902	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCALISTER, SCOTT 601 E. KENNEDY BLVD 14TH FLOOR TAMPA, FL 33602	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cindy Carlsward 2000 16th Ave. Vero Beach, FL 32961	☐ 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: _____ 4/28/08 239-533-5480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #