


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000001730</b> 1. Entity Name <b>THORNTON PARK MERCHANT'S ASSOCIATION, INC.</b>	
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Principal Place of Business <b>DAVID JAMES</b> <b>717 E WASHINGTON ST</b> <b>ORLANDO, FL 32801</b>	Mailing Address <b>717 E. WASHINGTON ST.</b> <b>ORLANDO, FL 32801</b>
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04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>75-3055051</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>BERSIA, MARIE-FRANCE</b> <b>716 E. WASHINGTON ST. # 8</b> <b>ORLANDO, FL 32801</b>
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**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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**UN0000540627**  
**05/10/06-80025-002 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERSIA, MARIE 716 E. WASHINGTON ST. #8 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRESCITELLI, JIM 625 E. CENTRAL BLVD ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHMIDT, CYNDI 717 E. WASHINGTON ST. ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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:** Cyndi Schmidt  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/06  
Date

Daytime Phone #