

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

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90041 017 ****61.25

DOCUMENT # N01000003996

1. Entity Name
SOUTH ANDREWS BUSINESS ASSOCIATION, INC.



Principal Place of Business
**1231 SOUTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33316**

Mailing Address
**1231 SOUTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33316**

60016760



01272006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1130864

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PHILLIPS, JOHN ESQ.
1401 SOUTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33316**

**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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MADFIS, JERYL
STREET ADDRESS	1231 SOUTH ANDREWS AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	D
NAME	WALKER, WENDY
STREET ADDRESS	C/O 1231 S. ANDREWS AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	D ZIEGLER
NAME	FIEGLER, JOHN
STREET ADDRESS	1515 SW 1ST. AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
TITLE	D
NAME	TRCA, MICHELLE G
STREET ADDRESS	1133 SOUTHEAST 4TH AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: Michelle G Trca
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06

Date

9544676711

Daytime Phone #

Michelle G Trca, Treasurer