

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2004
Secretary of State**

DOCUMENT# N01000007262

Entity Name: THE TIMES SQUARE MERCHANT AND EVENT ASSOCIATION, INC.

Current Principal Place of Business:

1204 ESTERO BLVD
FT MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

1204 ESTERO BLVD
FT MYERS BEACH, FL 33931

New Mailing Address:

FEI Number: 06-1648391 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CERECEDA, ANITA
C/O SURF CLUB
1204 ESTERO BLVD
FT MYERS BEACH, FL 33931

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: CERECEDA, ANITA
Address: 1113 ESTERO BLVD UNIT 5
City-St-Zip: FT MYERS BEACH, FL 33931

Title: VTD () Delete
Name: WEIBE, JOERG
Address: 1113 ESTERO BLVD UNIT 5
City-St-Zip: FT MYERS BEACH, FL 33931

Title: D () Delete
Name: LIEGH, DAVID E
Address: 5150 TAMAMIAMI TR N STE 501
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: CERECEDA, ANITA
Address: 1204 ESTERO BLVD.
City-St-Zip: FT MYERS BEACH, FL 33931

Title: VTD (X) Change () Addition
Name: WEIBE, JOERG
Address: 1204 ESTERO BLVD.
City-St-Zip: FT MYERS BEACH, FL 33931

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANITA CERECEDA

PSD

04/26/2004

Electronic Signature of Signing Officer or Director

_____ Date