

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 14, 2006
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 US

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: P () Delete
Name: CERECEDA, ANITA
Address: 1204 ESTERO BLVD.
City-St-Zip: FT MYERS BEACH, FL 33931

Title: V () Delete
Name: WEIBE, JOERG
Address: 1204 ESTERO BLVD.
City-St-Zip: FT MYERS BEACH, FL 33931

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

Title: T () Delete
Name: CERMAK, BRUCE E
Address: 1204 ESTERO BLVD.
City-St-Zip: FORT MYERS BEACH, FL 33931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 Chapter 119, 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

PRES

02/14/2006

Electronic Signature of Signing Officer or Director

_____ Date