

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

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000006663

1. Entity Name
DOWNTOWN TAMPA ATTRACTIONS ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 3276
TAMPA, FL 33601-3276**

Mailing Address
**P.O. BOX 3276
TAMPA, FL 33601-3276**

DO NOT WRITE IN THIS SPACE



01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
16-1632566

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MANELLI, DENNIS E
PHELPS DUNBAR, LLP
100 SOUTH ASHLEY DR., STE. 1900
TAMPA, FL 33602**

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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 fee 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
MANTHEY, TROY
223 SOUTH 12TH STREET
TAMPA, FL 33602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ALTADONNA, TODD
3605 E. BOUGAINVILLE AVE
TAMPA, FL 33612**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MARTIN, SUSAN
615 CHANNELSIDE DR.
TAMPA, FL 33602**

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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01/18/06-80058-015 70.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #