2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # N36299 Mar 22, 2006 08:00 Al 1. Entity Name **Secretary of State** THE COCOA BEACH AREA HOTEL AND MOTEL ASSOCIATION, INC. Principal Place of Business Mailing Address C/O BRUCE D. SONNENBERG 5600 N. ATLANTIC AVE COCOA BEACH FL 32931 C/O BRUCE D. SONNENBERG 5600 N. ATLANTIC AVE COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FE! Number Applied For 59-3048626 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SONNENBERG, BRUCE D Street Address (P.O. Box Number is Not Acceptable) 5600 N. ATLANTIC AVE COCOA BEACH FL 32931 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 registored agent and title if applicable DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE DILE ☐ Addiii ☐ Delete ☐ Change NAME GREEN, DEBRA NAME U00000477668 04/06/06-80060-012 61.25 1550 N. ATLANTIC AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BCH FL 32931 CITY-ST-ZIP ☐ Delele TITLE TITLE ☐ Change Addition SPAIN, DAVID W NAME NAME STREET ADORESS 3901 N. ATLANTIC AVE. STREET ADDRESS COCOA BCH FL 32931 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change | WILLIAMSON, THOMAS C NAME NAME STREET ADDRESS 3428 N. ATLANTIC AVE. STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP Change ☐ Addition ☐ Detete SONNENBERG, BRUCE D NAME NAME STREET ADDRESS 5500 N. ATLANTIC AVE. STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3-18-06 321-633-1191