

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90112 014 ****61.25

DOCUMENT # N36299
 1. Entity Name
THE COCOA BEACH AREA HOTEL AND MOTEL ASSOCIATION, INC.



Principal Place of Business
**976 BREVARD AVE
 ROCKLEDGE, FL 32955**

Mailing Address
**976 BREVARD AVE
 ROCKLEDGE, FL 32955**

40030310



01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3048626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SONNENBERG, BRUCE D
 5600 N. ATLANTIC AVE
 COCOA BEACH, FL 32931**

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: *D. Spain* *only as President of CBAMA.* 4-15-8
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, 2008**

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	DP GREEN, DEBRA 1550 N. ATLANTIC AVE. COCOA BCH, FL 32931	<i>S</i> SHAY BARANOWSKI 1300 N ATLANTIC AVE COCOA BEACH FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPAIN, DAVID W 3901 N. ATLANTIC AVE. COCOA BCH, FL 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMSON, THOMAS C 3428 N. ATLANTIC AVE. COCOA BEACH, FL 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SONNENBERG, BRUCE D 5500 N. ATLANTIC AVE. COCOA BEACH, FL 32931	<i>T</i> CRISTY GALZERANO 2080 N. ATLANTIC AVE COCOA BEACH FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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

SIGNATURE: *[Signature]* 4-15-8 321-433-1191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #