

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36299

FILED
Mar 18, 2009
Secretary of State

Entity Name: THE COCOA BEACH AREA HOTEL AND MOTEL ASSOCIATION, INC.

Current Principal Place of Business:

976 BREVARD AVE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

976 BREVARD AVE
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 59-3048626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WILLIAMSON, THOMAS
3425 N ATLANTIC AVE
COCOA BEACH, FL 32931 US

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: THOMAS C. WILLIAMSON

03/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BARANOWSKI, SHAY
Address: 1300 N ATLANTIC AVE
City-St-Zip: COCOA BCH, FL 32931

Title: VD () Delete
Name: SPAIN, DAVID W
Address: 3901 N. ATLANTIC AVE.
City-St-Zip: COCOA BCH, FL 32931

Title: DP () Delete
Name: WILLIAMSON, THOMAS C
Address: 3428 N. ATLANTIC AVE.
City-St-Zip: COCOA BEACH, FL 32931

Title: T () Delete
Name: GALZERANO, CRISTY
Address: 2080 N ATLANTIC AVE
City-St-Zip: COCOA BEACH, FL 32931

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 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: THOMAS C. WILLIAMSON

PRES

03/18/2009

Electronic Signature of Signing Officer or Director

Date