


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000001346	
1. Entity Name ARCADIA WATERMELON ASSOCIATION, INC.	

Principal Place of Business 108 EVANGELINE STREET ARCADIA, FL 34266 US	Mailing Address 108 EVANGELINE STREET ARCADIA, FL 34266 US
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DO NOT WRITE IN THIS SPACE



02262006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0568857	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 WALDRON, EUGENE E JR. 124 N. BREVARD AVE. ARCADIA, FL 34266

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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 title if applicable. (NOTE: Registered Agent signature required when retaking)) **DATE** _____

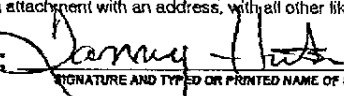
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATTON, JOHN 2480 N.E. SNOW STREET ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRISON, DEBRA T 108 EVANGELINE STREET ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUTSON, TAMMY PO BOX 703 NOCATEE, FL 34268
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRWIN, WILLARD 1652 BRIDLE PATH ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, PHIL 4067 NE MASTERS AVE ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/08/06-80004-013 61.25

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:  **4/24/06 Tammy Hutson 863-990-3600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone if