2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004113

FILED Mar 13, 2004 Secretary of State

Entity Name: SOUTHWEST FLORIDA ATTRACTIONS ASSOCIATION, INC.

New Principal Place of Business: Current Principal Place of Business: PO BOX 60702 FT MYERS, FL 33906 US **Current Mailing Address: New Mailing Address:** PO BOX 60702 FT MYERS, FL 33906 US FEI Number: 65-0618123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SNELL, MARY VLASAK 1833 HENDRY ST. FT. MYERS, FL 33901 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition COURTNEY, JANET WALTZER, LANA MRS. Name: Name: 13507 SIESTA PINES CT 104 Address: 12966 KELLESTON CIR. Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33912 Title: () Delete Title: () Change () Addition PRENTICE, CYNTHUN Name: Name: Address: 7246 PELAS CIRCLE Address: City-St-Zip: NORTH FORT MYERS, FL 33917 City-St-Zip: Title: DVP () Delete Title: DVP (X) Change () Addition SIMON, TERRY JOYCE, JUDY Name: Name: 861 SW 18TH ST. 11220 LAKELAND CIR. Address: Address: City-St-Zip: CAPE CORAL, FL 33991 City-St-Zip: FT. MYERS, FL 33913 Title: () Delete Title: (X) Change () Addition TEZZLAFF, NCNCY Name: SKIPPER, RHONDA Name: 1590 GOODLETTE RD Address: 1913 NE 1ST PL Address: City-St-Zip: CAPE CORAL, FL 33909 City-St-Zip: NAPLES, FL 34102 Title: () Delete Title: (X) Change () Addition ROWLAND, ULRIKE F COCKRILL, CHARLES Name: Name: 1512 SCHOLAR CT 1617 N. FLOSMOOR RD Address: Address: City-St-Zip: LEHIGH ACRES, FL 33971 City-St-Zip: FT.MYERS, FL 33919 Title: () Delete Title: () Change () Addition BAGGOT, DAN Name: Name: Address: 1134 LENNOX CT. Address: CAPE CORAL, FL 33904 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LANA WALTZER PRES 03/13/2004

CAROL LOSA DE LARA 19531 HUBER RD N. FT. MYERS FL. 33917