2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004113

FILED Mar 17, 2005 Secretary of State

Entity Name: SOUTHWEST FLORIDA ATTRACTIONS ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
PO BOX 60 FT MYERS	702 , FL 33906	US			
Current Mailing Address:			New Mailii	New Mailing Address:	
PO BOX 60 FT MYERS	702 , FL 33906	US			
FEI Number:	65-0618123	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:	
1833 HÉNE FT. MYERS	6, FL 33901	US	rnaca of changing it	o registered office or registered agent or both	
in the State		submits this statement for the pur	rpose or changing it	s registered office or registered agent, or both,	
SIGNATUR					
	Electron	nic Signature of Registered Agent	t	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () WALTZER, LAN 12966 KELLES FORT MYERS,	TON CIR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PRENTICE, CY 7246 PELAS C		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DVP () JOYCE, JUDY 11220 LAKELA FT. MYERS, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () TEZZLAFF, NC 1590 GOODLE NAPLES, FL 3	TTE RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () COCKRILL, CH 1617 N. FLOSM FT.MYERS, FL	MOOR RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () BAGGOT, DAN 1134 LENNOX CAPE CORAL,		Title: Name: Address: City-St-Zip:	SD (X) Change () Addition GRAFF, ERIC 4700 S.W. 5TH AVENUE CAPE CORAL, FL 33914	

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 GLORIA WALTZER P 03/17/2005