

FILED
Jun 12, 2006 8:00 am
Secretary of State

04-28-2006 90178 023 ****61.25

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N95000004113			
1. Entity Name SOUTHWEST FLORIDA ATTRACTIONS ASSOCIATION, INC.			
Principal Place of Business PO BOX 60702 FT MYERS, FL 33906 US		Mailing Address PO BOX 60702 FT MYERS, FL 33906 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02132006		Chg-NP CR2E037 (11/05)	
4. FEI Number 65-0618123		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SNELL, MARY VLASAK 1833 HENDRY ST. FT. MYERS, FL 33901		7. Name and Address of New Registered Agent Name <u>Terry Simon</u> Street Address (P.O. Box Number is Not Acceptable) <u>14400 Six Mile Cypress Parkway</u> City <u>Fort Myers</u> FL Zip Code <u>33912</u>	
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 <u>Terry Simon</u> <u>TERRY SIMON</u> <u>4/25/06</u> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$84.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALTZER, LANA MRS. 12966 KELLESTON CIR. FORT MYERS, FL 33912 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition <u>Scott Thompson</u> <u>506 South First St. - Program Chair</u> <u>Immokalee FL 34142</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRENTICE, CYNTHIA CYNTHIA 7246 PELAS CIRCLE NORTH FORT MYERS, FL 33917 ☐ Delete <u>Vice President</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition <u>President</u> <u>TERRY SIMON</u> <u>14400 Six Mile Cypress Pkwy</u> <u>Fort Myers, FL 33912</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JOYCE, JUDY 11220 LAKE LAND CIR. FT. MYERS, FL 33913 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition <u>JEFF MIELKE</u> <u>2305 BROADWAY</u> <u>FORT MYERS, FL 33901</u> <u>Board Member</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEZZLAFF, NANCY 1500 GOODLETTE RD NAPLES, FL 34102 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition <u>Becki JOHNSON</u> <u>7090 Cypress Terrace</u> <u>Fort Myers FL 33907</u> <u>Treasurer</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COCKRILL, CHARLES 1617 N. FLOSMOOR RD FT. MYERS, FL 33919 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAFF, ERIC 4700 S.W. 5TH AVENUE CAPE CORAL, FL 33914 <u>Secretary</u> ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition <u>1945 Ortiz Ave</u> <u>Fort Myers, FL 33906</u>
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: <u>Becki Johnson</u> <u>Becki JOHNSON</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4/25/06</u> <u>239-437-5600</u> Date Daytime Phone #	