

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 25, 2007 8:00 am
Secretary of State

05-25-2007 90028 025 ****61.25

DOCUMENT # N95000004113

1. Entity Name



**SOUTHWEST FLORIDA ATTRACTIONS ASSOCIATION,
INC.**

Principal Place of Business

Mailing Address

PO BOX 60702
FT MYERS FL 33906
US

PO BOX 60702
FT MYERS FL 33906
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**SIMON, TERRY
14400 SIX MILE CYPRESS PKWAY
FORT MYERS FL 33912**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Terry Simon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

4/3/07

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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	PC	<input type="checkbox"/> Delete
NAME	THOMPSON, SCOTT	
STREET ADDRESS	606 SOUTH FIRST ST.	
CITY-STATE-ZIP	IMMOKALEE FL 34142	
TITLE	P	<input type="checkbox"/> Delete
NAME	SIMON, TERRY	
STREET ADDRESS	14400 SIX MILE CYPRESS PKWY.	
CITY-STATE-ZIP	FT. MYERS FL 33912	
TITLE	DP	<input type="checkbox"/> Delete
NAME	PRENTICE, CYNTHIA	
STREET ADDRESS	7248 PELAS CIR.	
CITY-STATE-ZIP	N. FORT MYERS FL 33917	
TITLE	BM	<input type="checkbox"/> Delete
NAME	MIELKE, JEFF	
STREET ADDRESS	2305 BROADWAY	
CITY-STATE-ZIP	FORT MYERS FL 33701	
TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, BECKI	
STREET ADDRESS	7090 CYPRESS TERR.	
CITY-STATE-ZIP	FT. MYERS FL 33907	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRAFF, ERIC	
STREET ADDRESS	1945 ORTIZ AVE.	
CITY-STATE-ZIP	FORT MYERS FL 33906	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Terry Simon

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/07 *239-768-4210*