

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047  
**2006**  
 Open to Public Inspection

**A** For the 2006 calendar year, or tax year beginning **10/01/06**, and ending **9/30/07**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**THE COCOA BEACH AREA HOTEL & MOTEL ASSOCIATION, INC.**  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**976 BREVARD AVE, SUITE A**  
 City or town, state or country, and ZIP + 4  
**ROCKLEDGE FL 32955**

**D** Employer identification number  
**59-3048626**  
**E** Telephone number  
**321-799-0003**  
**F** Accounting method:  Cash  
 Accrual  Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H** and are not applicable to section 527 organizations. **I**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates **▶**  
**H(c)** Are all affiliates included?  Yes  No  
 (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number **▶**  
**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**G** Website: **▶ COCOABEACHNOW.COM**

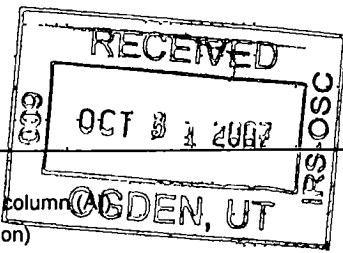
**J** Organization type  
 (check only one)  501(c) ( **6** ) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 457,061**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received				
	<b>a</b>	Contributions to donor advised funds				
	<b>b</b>	Direct public support (not included on line 1a)				
	<b>c</b>	Indirect public support (not included on line 1a)				
	<b>d</b>	Government contributions (grants) (not included on line 1a)				<b>18,800</b>
	<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ <b>18,800</b> noncash \$ _____ )				<b>18,800</b>
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)				
	<b>3</b>	Membership dues and assessments				<b>438,261</b>
	<b>4</b>	Interest on savings and temporary cash investments				
	<b>5</b>	Dividends and interest from securities				
	<b>6a</b>	Gross rents				
	<b>b</b>	Less rental expenses				
<b>c</b>	Net rental income or (loss). Subtract line 6b from line 6a					
<b>7</b>	Other investment income (describe <b>▶</b> _____ )					
Revenue	<b>8a</b>	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	<b>b</b>	Less cost or other basis and sales expenses				
	<b>c</b>	Gain or (loss) (attach schedule)				
	<b>d</b>	Net gain or (loss). Combine line 8c columns (A) and (B)				
Revenue	<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1b)				
	<b>b</b>	Less direct expenses other than fundraising expenses				
<b>c</b>	Net income or (loss) from special events. Subtract line 9b from line 9a					
Revenue	<b>10a</b>	Gross sales of inventory, less returns and allowances				
	<b>b</b>	Less cost of goods sold				
	<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a				
<b>11</b>	Other revenue (from Part VII, line 103)					
<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11					<b>457,061</b>
Expenses	<b>13</b>	Program services (from line 44, column (B))				<b>460,938</b>
	<b>14</b>	Management and general (from line 44, column (C))				<b>6,856</b>
	<b>15</b>	Fundraising (from line 44, column (D))				
	<b>16</b>	Payments to affiliates (attach schedule)				
	<b>17</b>	<b>Total expenses.</b> Add lines 16 and 44, column (A)				
Net Assets	<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12				<b>-10,733</b>
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))				<b>60,138</b>
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)				
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20				



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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b>	Specific assistance to individuals (attach schedule)				
<b>24</b>	Benefits paid to or for members (attach schedule)				
<b>25a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)				
<b>25b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)				
<b>25c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c				
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c				
<b>28</b>	Employee benefits not included on lines 25a - 27				
<b>29</b>	Payroll taxes				
<b>30</b>	Professional fundraising fees				
<b>31</b>	Accounting fees	6,795		6,795	
<b>32</b>	Legal fees				
<b>33</b>	Supplies				
<b>34</b>	Telephone				
<b>35</b>	Postage and shipping				
<b>36</b>	Occupancy				
<b>37</b>	Equipment rental and maintenance				
<b>38</b>	Printing and publications				
<b>39</b>	Travel	213	213		
<b>40</b>	Conferences, conventions, and meetings				
<b>41</b>	Interest				
<b>42</b>	Depreciation, depletion, etc (attach schedule)				
<b>43</b>	Other expenses not covered above (itemize)				
<b>43a</b>	<b>See Statement 2</b>	460,786	460,725	61	
<b>43b</b>					
<b>43c</b>					
<b>43d</b>					
<b>43e</b>					
<b>43f</b>					
<b>43g</b>					
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	467,794	460,938	6,856	0

**Joint Costs.** Check  if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ **See Statement 3**

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**a THE COCOA BEACH AREA HOTEL AND MOTEL ASSOCIATION HAS COMPLETED FIFTEEN SEPERATE ADVERTISING AND PROMOTIONAL PROJECTS DIRECTED AT PROMOTING THE COCOA BEACH AREA AS A PRIMARY VACATION DESTINATION. OVER 97 PERCENT OF THE EXPENSES INCURRED BY THE ORGANIZATION HAVE BEEN PUT DIRECTLY TO SUPPORTING THESE PROJECTS.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**e Other program services (attach schedule) See Stmt 4**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**f Total of Program Service Expenses (should equal line 44, column (B), Program services)**

**0**

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	<b>45</b> Cash-non-interest-bearing	60,138	<b>45</b>	49,405
	<b>46</b> Savings and temporary cash investments		<b>46</b>	
	<b>47a</b> Accounts receivable	<b>47a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>	<b>47c</b>	
	<b>48a</b> Pledges receivable	<b>48a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>	<b>48c</b>	
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att schedule)		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule)	<b>51a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>	<b>51c</b>	
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges		<b>53</b>	
	<b>54a</b> Investments—publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54a</b>	
	<b>b</b> Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54b</b>	
	<b>55a</b> Investments—land, buildings, and equipment basis	<b>55a</b>		
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>55b</b>	<b>55c</b>	
	<b>56</b> Investments—other (attach schedule)		<b>56</b>	
	<b>57a</b> Land, buildings, and equipment basis	<b>57a</b>		
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>57b</b>	<b>57c</b>	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> )		<b>58</b>		
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58	60,138	<b>59</b>	49,405	
Liabilities	<b>60</b> Accounts payable and accrued expenses		<b>60</b>	
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> )		<b>65</b>	
<b>66 Total liabilities.</b> Add lines 60 through 65	0	<b>66</b>	0	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted	60,138	<b>67</b>	49,405
	<b>68</b> Temporarily restricted		<b>68</b>	
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	60,138	<b>73</b>	49,405	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	60,138	<b>74</b>	49,405	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	457,061
<b>b</b>	Amounts included on line a but not on Part I, line 12.		
<b>1</b>	Net unrealized gains on investments	<b>b1</b>	
<b>2</b>	Donated services and use of facilities	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants	<b>b3</b>	
<b>4</b>	Other (specify)	<b>b4</b>	
	Add lines b1 through b4	<b>b</b>	
<b>c</b>	Subtract line b from line a	<b>c</b>	457,061
<b>d</b>	Amounts included on Part I, line 12, but not on line a:		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify)	<b>d2</b>	
	Add lines d1 and d2	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines c and d	<b>e</b>	457,061

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	467,794
<b>b</b>	Amounts included on line a but not Part I, line 17:		
<b>1</b>	Donated services and use of facilities	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>	
<b>4</b>	Other (specify):	<b>b4</b>	
	Add lines b1 through b4	<b>b</b>	
<b>c</b>	Subtract line b from line a	<b>c</b>	467,794
<b>d</b>	Amounts included on Part I, line 17, but not on line a:		
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>	
<b>2</b>	Other (specify)	<b>d2</b>	
	Add lines d1 and d2	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines c and d	<b>e</b>	467,794

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) (See the instructions )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
DEBRA GREEN 1550 N ATLANTIC AVE COCOA BEACH FL 32931	PRESIDENT 2	0	0	0
DAVID SPATN 3901 N ATLANTIC AVE. COCOA BEACH FL 32931	VICE PRES 2	0	0	0
THOMAS WILLIAMSON 3428 N ATLANTIC AVE COCOA BEACH FL 32931	SEC 2	0	0	0
BRUCE SONNENBURG 5500 N ATLANTIC AVE COCOA BEACH FL 32931	TREAS 2	0	0	0



**Part VI Other Information (continued)**

		Yes	No	
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X	
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			
	82b			
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X		
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?			
	N/A			
<b>83b</b>				
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
	N/A			
<b>84b</b>				
<b>85</b>	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		X	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		X	
<b>c</b>	Dues, assessments, and similar amounts from members	0		
<b>d</b>	Section 162(e) lobbying and political expenditures	0		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	0		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	0		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			
	N/A			
<b>85g</b>				
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?			
	N/A			
<b>85h</b>				
<b>86</b>	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12			
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities			
<b>86a</b>				
<b>86b</b>				
<b>87</b>	501(c)(12) orgs. Enter. a Gross income from members or shareholders			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
<b>87a</b>				
<b>87b</b>				
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X	
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X	
<b>88a</b>				
<b>88b</b>				
<b>89a</b>	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>			
<b>b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction			
<b>89a</b>				
<b>89b</b>				
<b>c</b>	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4959 <input type="checkbox"/>			
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>			
<b>e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X	
<b>89c</b>				
<b>89e</b>				
<b>89f</b>				
<b>f</b>	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X	
<b>89g</b>				
<b>89g</b>			X	
<b>90a</b>	List the states with which a copy of this return is filed <input type="checkbox"/> <b>None</b>			
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	0		
<b>90b</b>				
<b>91a</b>	The books are in care of <input type="checkbox"/> <b>HARRIS AND SATTERFIELD</b> <b>976 BREVARD AVE</b> Located at <input type="checkbox"/> <b>ROCKLEDGE, FL</b>	Telephone no <input type="checkbox"/> <b>321-433-1191</b> ZIP + 4 <input type="checkbox"/> <b>32955</b>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
<b>91b</b>			X	

**Part VI Other Information (continued)**

<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	<b>91c</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶	<b>92</b>	<input type="checkbox"/>	

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					438,261
<b>95</b> Interest on savings and temporary cash investments					
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		0	438,261
<b>105</b> Total (add line 104, columns (B), (D), and (E)) ▶					438,261

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
<b>N/A</b>	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
<b>N/A</b>	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, from any individual?
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on any life insurance policy?

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	<b>X</b>

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Handwritten Signature]* only as President CBMA  
 Date: 10.25.07

Type or print name and title: *Debra Green*

**Paid Preparer's Use Only**

Preparer's signature: *[Handwritten Signature]* Date: 10/03/07

Check if self-employed:

Preparer's SSN or PTIN (See Gen Instr X): P00014046

Firm's name (or yours if self-employed), address, and ZIP + 4: HARRIS & SATTERFIELD, P.A.  
 916 BREVARD AVE SUITE A  
 ROCKLEDGE, FL 32955

EIN:   
 Phone no: 321-433-1191

**Federal Statements****Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
ANNUAL DUES	\$ 4,254
MAJOR MEMBERS	340,000
WEB CAM DISCOUNT	-3,493
MINOR MEMBER	97,500
Total	<u>\$ 438,261</u>

59-3048626

**Federal Statements**

FYE: 9/30/2007

**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
CHARITABLE CONTRIBUTIONS	\$ 14,250	\$ 14,250	\$	\$
Expenses				
LICENSES - FEES	61		61	
ADV: SMITH TRAVEL	1,225	1,225		
ADV: SKY ADVERTISING	18,128	18,128		
ADV: LIVTODAY				
ADV:JMW	24,385	24,385		
ADV: WORTH INTL	4,505	4,505		
ADV: SCHNEIDER	9,730	9,730		
ADV: TRESE				
ADV: FSAE	6,286	6,286		
ADV: REUNION	5,098	5,098		
ADV: CONVENTIONSOUTH	6,825	6,825		
ADV: NAYLOR	8,950	8,950		
ADV: MORRIS	24,712	24,712		
ADV: ALL BREVARD				
ADV: TRAVEL HOST	21,342	21,342		
ADV: BEST READ				
ADV: FL TODAY	15,228	15,228		
ADV: OPUS ADS	47,000	47,000		
ADV: TRAVEL SAVER	28,275	28,275		
ADV: VIACOM	145,734	145,734		
ADV: SPACE COAST SPORTS PROMO	1,200	1,200		
COCOA BEACH VISITER WELCOME C	4,063	4,063		
ADV: HOG RALLY	3,500	3,500		
ADV: SGMP	2,250	2,250		
ADV: GOAMPI	4,246	4,246		
COCOA BEACH CHAMBER	7,916	7,916		
ADV: ORLANDO SENTINEL	55,877	55,877		
Total	\$ 460,786	\$ 460,725	\$ 61	\$ 0

**Federal Statements**

**Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose**

TO PROMOTE THE COCOA BEACH FLORIDA AREA AS A PRIMARY  
VACATION DESTINATION

**Statement 4 - Form 990, Part III, Line e - Other Program Services**

Description

THIS DONATION WAS TO THE SPCA FOR THEIR GENERAL FUND