

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007836

FILED  
Mar 15, 2011  
Secretary of State

**Entity Name:** EAU GALLIE ARTS DISTRICT ASSOCIATION, INC.

**Current Principal Place of Business:**

1463 HIGHLAND AVENUE  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 360564  
MELBOURNE, FL 32936

**New Mailing Address:**

**FEI Number:** 59-3749868

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MITTLEMAN, MARK  
1634 FICUS POINT DRIVE  
MELBOURNE, FL 32940 US

**Name and Address of New Registered Agent:**

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:**

Title: PRES  
Name: MITTLEMAN, MARK  
Address: 1634 FICUS POINT DRIVE  
City-St-Zip: MELBOURNE, FL 329340

Title: VP  
Name: BARANOWSKI, ED  
Address: 555 OLD OAK STREET  
City-St-Zip: MELBOURNE, FL 32935

Title: TREA  
Name: MITTLEMAN, MARK  
Address: 1634 FICUS POINT DRIVE  
City-St-Zip: MELBOURNE, FL 32940

Title: SEC  
Name: HAMLIN, LISA  
Address: 736 AURORA ROAD  
City-St-Zip: MELBOURNE, FL 32935

I hereby 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 all other like empowered.

SIGNATURE: MARK MITTLEMAN

PRES

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date