2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N93000001200

1. Entity Name
DOWNTOWN MELBOURNE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 754 MELBOURNE, FL 32902-0754	P.O. BOX 754 MELBOURNE, FL 32902-0754

04202006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3196047
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

TRADER, J. RUDI
903 E. STRAWBRIDGE AVE.
MELBOURNE, FL 32901

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000540636
05/10/06-80025-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANDERS, BEVERLY
STREET ADDRESS	P.O. BOX 754
CITY-ST-ZIP	MELBOURNE, FL 32902
TITLE	VD
NAME	DUTCHER-HERENDEEN, LISA
STREET ADDRESS	P.O. BOX 754
CITY-ST-ZIP	MELBOURNE, FL 32902
TITLE	SD
NAME	TAYLOR, SHERI
STREET ADDRESS	P.O. BOX 754
CITY-ST-ZIP	MELBOURNE, FL 32902
TITLE	TD
NAME	KASICA, THOMAS
STREET ADDRESS	P.O. BOX 754
CITY-ST-ZIP	PALM BAY, FL 32905
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: M.L. Gann - M.L. GANN, JR Exec. Dir. 4/20/06 (321) 724-1741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number