NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9300001760

1. Corporation Name

DOWNTOWN NEIGHBORHOOD ASSOCIATION, INC.

| Principal Place of Business | | | | | | | | |
|-----------------------------|--|--|--|--|--|--|--|--|
| 515 NORTH FLAGLER DRIVE | | | | | | | | |
| SUITE 1700 | | | | | | | | |
| WEST PALM BEACH EL 33401 | | | | | | | | |

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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515 NORTH FLAGLER DRIVE **SUITE 1700**

WEST PALM BEACH FL 33401

Sep 17, 1999 8:00 am Secretary of State

09-17-1999 90004 020 ****61.25

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3. Date Incorporated or Qualifed

5. Certificate of Status Desired

04/20/1993

65-0599227

4. FEI Number



Applied For

\$8.75 Additional

Not Applicable

| S. Name and Address of Current Registered Agent | 23 | 21 | \$ | | | | ree Rec | quireu |
|--|----------------------------|--|--|-----------------------------|----------------------|--|------------------------|----------------------|
| 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name KINO, GREGORY S SISN NorTH FLAGLER DRIVE SUITE 1700 WEST PALM BEACH FL 33401 14. Pursuant to the provisions of Sections 617 0502 and 617 1509. Florids Statistics, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florids Statistics, the above-named corporations submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florids Statistics, the above-named corporations submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florids Statistics, the above-named corporations submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florids Statistics, the above-named corporations submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florids Statistics, the above-named corporations submits this statement for the purpose of changing its registered agent. In the purpose of changing its registered agent. I am familiar with, and accept the obligations of the purpose of changing its registered agent. I am familiar with, and accept the obligations of the purpose of changing its registered agent. I am familiar with an accept the specific agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose of changing its registered agent. I am familiar with a purpose o | Zip | Country | Zip | Count | гу | 6. Election Campaign Financing | \$5.00 i | May Be |
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| KINO, GREGORY S 515 NORTH FLAGLER DRIVE SUITE 1700 WEST PALM BEACH FL 33401 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, are familiar with, and accept the obligations of, Section 617.0503, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, are familiar with, and accept the obligations of, Section 617.0503, Florids Statutes. SIGNATURE SIGNATURE To OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CIVIST PALM BEACH FL 33401 THE YEST PALM BEACH FL 33401 | | 9. Name and Address of Current Reg | istered Agent | | | 10. Name and Address of New R | egistered Agent | |
| SIS NORTH FLAGLER DRIVE SUITE 1700 WEST PALM BEACH FL 33401 11. Pursuant to the purpoistons of Sections 617,0502 and 617,1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, are finaliser with, and accept the obligations of, Section 617,0503, Florids Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 15. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. NAME ASHLEY, JAMES 418 HIBISCUS STREET 13. STREET ADDRESS GITN-ST-2P WEST PALM BEACH FL 33401 TITLE PD VEST PALM BEACH FL 33401 TITLE VPD DELETE 22. STREET ADDRESS GITN-ST-2P TITLE VPD DELETE 23. TITLE CORNING, LAWRENCE 33. STREET ADDRESS GITN-ST-2P TITLE DO GRUNER, MILD BEACH FL 43. TITLE CORNING, LAWRENCE 33. STREET ADDRESS GITN-ST-2P TITLE DO GRUNER, MILD BEACH FL 43. TITLE CORNING, LAWRENCE 33. STREET ADDRESS GITN-ST-2P TITLE DO GRUNER, MILD BEACH FL 43. TITLE CORNING, LAWRENCE 33. STREET ADDRESS GITN-ST-2P TITLE DO GRUNER, MILD BEACH FL 43. TITLE CORNING, LAWRENCE 34. STREET ADDRESS GITN-ST-2P TITLE DO GRUNER, MILD BEACH FL 43. TITLE CORNING, LAWRENCE 34. STREET ADDRESS GITN-ST-2P TITLE DO GRUNER, MILD BEACH FL 43. TITLE CORNING, LAWRENCE 34. STREET ADDRESS GITN-ST-2P TITLE DO GRUNER, MILD BEACH FL 43. TITLE CORNING GRUNER, MILD BEACH FL 44. TITLE CORNING GRUNER, MILD BEACH FL 45. TI | | | | 8 | 1 Name | | | |
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| A A CITY OF 710 | STREET ADDRESS | | | 6.3 STRE | ET ADDRESS | | | |
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 corpolation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if change

SIGNATURE:

いましょう REQUIRED