

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000003435

Entity Name: FLORIDA DOWNTOWNS, INC.**Current Principal Place of Business:**214 NORTH HOGAN STREET
120
JACKSONVILLE, FL 32202**Current Mailing Address:**214 NORTH HOGAN STREET
120
JACKSONVILLE, FL 32202 US**FEI Number:** 86-2771992**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOWNTOWN VISION, INC.
214 NORTH HOGAN STREET
120
JACKSONVILLE, FL 32202 US*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**Officer/Director Detail :**

Title	P
Name	ST. PETERSBURG DOWNTOWN PARTNERSHIP, INC.
Address	244 SECOND AVENUE NORTH, STE 201
City-State-Zip:	ST. PETERSBURG FL 32202

Title	T
Name	TAMPA DOWNTOWN PARTNERSHIP
Address	400 NORTH ASHLEY DRIVE, STE 2125
City-State-Zip:	WEST PALM BEACH FL 33401

Title	D
Name	FT. LAUDERDALE DDA
Address	110 EAST BROWARD BOULEVARD, 1610
City-State-Zip:	FT. LAUDERDALE FL 33301

Title	VP
Name	DOWNTOWN VISION, INC.
Address	214 NORTH HOGAN STREET, STE 120
City-State-Zip:	JACKSONVILLE FL 32202

Title	S
Name	DELRAY BEACH DDA
Address	350 EAST 1ST ST.
City-State-Zip:	DELRAY BEACH FL 33483

Title	D
Name	DOWNTOWN ORLANDO PARTNERSHIP
Address	333 SOUTH GARLAND AVENUE, STE 106
City-State-Zip:	ORLANDO FL 32801

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: JAKE GORDON

VICE CHAIR

06/16/2022

Electronic Signature of Signing Officer/Director Detail_____
Date