

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N93000001750

**Entity Name:** DOWNTOWN DUNEDIN MERCHANTS ASSOCIATION, INC.

**Current Principal Place of Business:**

602 SKINNER BV  
DUNEDIN, FL 34698

**Current Mailing Address:**

P O BOX 2112  
DUNEDIN, FL 34697

**FEI Number:** 59-3180141

**Certificate of Status Desired:** No

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

BATES, LONDON L ESQ.  
602 SKINNER BLVD.  
DUNEDIN, FL 34698 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 SECRETARY  
Name HALE, ELLEN  
Address P O BOX 2112  
City-State-Zip: DUNEDIN FL 34697

Title VP  
Name LAVIOLA, MELISSA  
Address P O BOX 2112  
City-State-Zip: DUNEDIN FL 34697

Title PRESIDENT  
Name PLATT, KIMBERLY  
Address P O BOX 2112  
City-State-Zip: DUNEDIN FL 34697

Title DIRECTOR  
Name CUENI, BRENDA  
Address P O BOX 2112  
City-State-Zip: DUNEDIN FL 34697

Title DIRECTOR  
Name TAYLOR, JAKE  
Address P O BOX 2112  
City-State-Zip: DUNEDIN FL 34697

Title DIRECTOR  
Name HOYER, KATHIE  
Address P O BOX 2112  
City-State-Zip: DUNEDIN FL 34697

Title DIRECTOR  
Name VINCENTI, LAURA  
Address P O BOX 2112  
City-State-Zip: DUNEDIN FL 34697

*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: KIMBERLY PLATT**

**PRESIDENT**

**12/03/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date