

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702212

FILED
Apr 29, 2009
Secretary of State

Entity Name: DOWNTOWN ORLANDO, INC.

Current Principal Place of Business:

505 N. MILLS AVENUE
SUITE 200
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

505 N. MILLS AVENUE
SUITE 200
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-0916719 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAULAUSKI, ELIZABETH
505 N. MILLS AVENUE
SUITE 200
ORLANDO, FL 32803 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: D () Delete
Name: HENNESSY, KIMBRA
Address: 3707 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: P () Delete
Name: GREGORY, TONY
Address: P.O. BOX 520668
City-St-Zip: LONGWOOD, FL 32752

Title: T () Delete
Name: JUNOD, JEFF
Address: 1560 ORANGE AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: TURNER, CHRISTA
Address: 200 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: JAMISON, ELLIOTT
Address: 605 E. ROBINSON STREET
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: KOBERT, ROY
Address: 390 N. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JUNOD, JEFF
Address: 1560 ORANGE AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KIMBRA HENNESSY

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date