2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # 729917

1. Entity Name
THE DOWNTOWNER, INC.

Principal Place of Business	Mailing Address
229 N K ST LAKE WORTH, FL 33460	229 N K ST LAKE WORTH, FL 33460

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03302006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1625567
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KENNEDY, OLIVE
229 N. K STREET UNIT #105
LAKE WORTH, FL 33460

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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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BENDYK, JOSEPH
STREET ADDRESS	229 N. "K" STREET
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	PD
NAME	KENNEDY, OLIVE
STREET ADDRESS	229 N K STREET
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	VD
NAME	COOMBE, THOMAS
STREET ADDRESS	229 N. K STREET
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	S
NAME	TERRY, ANTONETTE
STREET ADDRESS	229 N. K. ST.
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	T
NAME	COOMBE, THERESA
STREET ADDRESS	229 NO. K ST. #102
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/06-80001-005 61.25

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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: Theresa E Coombe Theresa E Coombe Treasurer 04-17-06 218-724-8515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #