


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90020 036 ****61.25

DOCUMENT # 729917 1. Entity Name THE DOWNTOWNER, INC.					
Principal Place of Business 229 N K ST LAKE WORTH, FL 33460			Mailing Address 229 N K ST LAKE WORTH, FL 33460		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
02162008 Chg-NP CR2E037 (12/06)					
4. FEI Number 59-1625567				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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			7. Name and Address of New Registered Agent Name <u>Matt Constantine</u> Street Address (P.O. Box Number is Not Acceptable) <u>229 North K Street, Unit 201</u> City <u>Lake Worth</u> <u>FL</u> Zip Code <u>33460</u>		
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 <u>Matt Constantine</u> <u>Matt Constantine</u> <u>President</u> <u>04-15-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDYK, JOSEPH 229 N. "K" STREET LAKE WORTH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Matt Constantine 229 North K Street, Unit 201 Lake Worth FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KENNEDY, OLIVE 229 N K STREET LAKE WORTH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Missy Weinstock 229 North K Street, Unit 205 Lake Worth FL 33460	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOMBE, THOMAS 229 N. K STREET LAKE WORTH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TERRY, ANTONETTE 229 N. K. ST. LAKE WORTH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOMBE, THERESA 229 NO. K ST. #102 LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Theresa E. Coombe</u> <u>Treasury</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>04-15-08</u> <small>Date</small>		<u>218-724-8515</u> <small>Daytime Phone #</small>