

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730965 (1)

1. Corporation Name

DOWNTOWN ASSOCIATION OF SARASOTA, INC.



Principal Place of Business

P O BOX 3895
SARASOTA FL 34230

Mailing Address

P O BOX 3895
SARASOTA FL 34230

3. Date Incorporated or Qualified
10/24/1974

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-1957528

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENDER, MICHAEL R, JR
1805 MAIN ST, STE 1100
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME JEWETT, CHARLES
STREET ADDRESS 47 PALM AVE
CITY-ST-ZIP SARASOTA FL ☐ DELETE

1.1 TITLE PD
1.2 NAME HARRISON, CRAIG ☒ Change ☐ Addition
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD
NAME WOOD, MARCIA
STREET ADDRESS 47 PALM AVE
CITY-ST-ZIP SARASOTA FL ☐ DELETE

2.1 TITLE VP D
2.2 NAME JENNINGS, CHRISTINE ☒ Change ☐ Addition
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPD
NAME CHALKER, RICHARD
STREET ADDRESS 47 PALM AVE
CITY-ST-ZIP SARASOTA FL ☐ DELETE

3.1 TITLE VPD
3.2 NAME SEGRETI, ADAM ☒ Change ☐ Addition
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME MEYER, ROBERT
STREET ADDRESS 47 PALM AVE
CITY-ST-ZIP SARASOTA FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD
NAME HARRISON, R G
STREET ADDRESS 47 PALM AVENUE
CITY-ST-ZIP SARASOTA FL ☐ DELETE

5.1 TITLE SD
5.2 NAME SCRANTON, MICHELLE ☒ Change ☐ Addition
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE 200001817172
6.2 NAME -05/13/96--01001--001
6.3 STREET ADDRESS ***61.25
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-96
Date

941-365-4617
Daytime Phone #

CR2E037 (12/95)