

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730965** (1)  
1. Corporation Name  
**DOWNTOWN ASSOCIATION OF SARASOTA, INC.**



Principal Place of Business <b>P O BOX 3895 SARASOTA FL 34230</b>	Mailing Address <b>P O BOX 3895 SARASOTA FL 34230-3895</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>10/24/1974</b>	3a. Date of Last Report <b>05/01/1996</b>
				4. FEI Number <b>59-1957528</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PENDER, MICHAEL R, JR 1805 MAIN ST, STE 1100 SARASOTA FL 34238</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<b>VPD</b>
NAME	<b>HARRISON, CRAIG</b>	1.2 NAME	<b>CHARLES KUPKENDALL</b>
STREET ADDRESS	<b>47 PALM AVE</b>	1.3 STREET ADDRESS	<b>47 PALM AVE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	<b>SARASOTA, FL</b>
TITLE	<b>VPD</b>	2.1 TITLE	<b>PD</b>
NAME	<b>JENNINGS, CHRISTINE</b>	2.2 NAME	
STREET ADDRESS	<b>47 PALM AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPD</b>	3.1 TITLE	
NAME	<b>SEGRETI, ADAM</b>	3.2 NAME	
STREET ADDRESS	<b>47 PALM AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	4.1 TITLE	
NAME	<b>MEYER, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>47 PALM AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	5.1 TITLE	<b>SD</b>
NAME	<b>SCRANTON, MICHELLE</b>	5.2 NAME	<b>NUNAN, THOMAS</b>
STREET ADDRESS	<b>47 PALM AVENUE</b>	5.3 STREET ADDRESS	<b>47 PALM AVENUE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	5.4 CITY-ST-ZIP	<b>SARASOTA, FL</b>
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **ROBERT C. MEYER** 2-5-97 941-957-2626

CR2E037 (9/96)