


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 27, 2004 8:00 am
Secretary of State

04-30-2004 90392 013 ****61.25

DOCUMENT # 730965 1. Entity Name DOWNTOWN ASSOCIATION OF SARASOTA, INC.			
Principal Place of Business 1818 MAIN ST SARASOTA FL 34236		Mailing Address P.O. BOX 3895 1818 Main St SARASOTA FL 34236	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 1818 Main St Suite, Apt. #, etc. Sarasota FL City & State Zip 34236 Country US	
4. FEI Number 59-1957528		Applied For <input type="checkbox"/> Not Applied	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		MOORE CR2E037 (11/03)	
6. Name and Address of Current Registered Agent PENDER, MICHAEL R, JR 1605 MAIN ST, STE 1100 SARASOTA FL 34236		7. Name and Address of New Registered Agent Name: CHERYL GORDON Street Address (P.O. Box Number is Not Acceptable) 1818 Main St City: Sarasota FL Zip Code 34236	
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 acc			
SIGNATURE: CHERYL GORDON <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: April 11/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOLLAND, LINDA 1818 MAIN ST SARASOTA FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bob Richardson 1818 Main St Sarasota FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOD, MARCIA 1818 MAIN ST SARASOTA FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carolyn Kofler 1818 Main St Sarasota FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD BUCKER, MICHAEL 5037 WILLOW LEAF WAY SARASOTA FL 34241 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John Nicholas 1818 Main St Sarasota FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNAN, THOMAS 1818 MAIN ST SARASOTA FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cheryl Gordon 1818 Main St Sarasota FL 34236 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JEWETT, CHARLES 1818 MAIN STREET SARASOTA FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KUYKENDALL, CHARLES 1818 MAIN STREET SARASOTA FL 34236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit

12. I 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 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: CHERYL GORDON

April 11/04