

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 28, 2007
Secretary of State

DOCUMENT# 730965

Entity Name: DOWNTOWN ASSOCIATION OF SARASOTA, INC.**Current Principal Place of Business:**1365 FRUITVILLE ROAD
SARASOTA, FL 34236**New Principal Place of Business:****Current Mailing Address:**1365 FRUITVILLE ROAD
SARASOTA, FL 34236**New Mailing Address:****FEI Number:** 59-1957528**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GORDON, CHERYL
1365 FRUITVILLE ROAD
SARASOTA, FL 34236 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D ☒ Delete
Name: GORDON, CHERYL
Address: 1365 FRUITVILLE ROAD
City-St-Zip: SARASOTA, FL 34236**Title:** D ☐ Delete
Name: NORTON, SAM
Address: 1365 FRUITVILLE ROAD
City-St-Zip: SARASOTA, FL 34236**Title:** D ☐ Delete
Name: STEVENS, JEFFERY
Address: 1365 FRUITVILLE ROAD
City-St-Zip: SARASOTA, FL 34236**Title:** D ☐ Delete
Name: SAUNDERS, DRAYTON
Address: 1365 FRUITVILLE ROAD
City-St-Zip: SARASOTA, FL 34236**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ☐ Change ☐ Addition
Name:
Address:
City-St-Zip:**Title:** ☐ Change ☐ Addition
Name:
Address:
City-St-Zip:**Title:** ☐ Change ☐ Addition
Name:
Address:
City-St-Zip:**Title:** ☐ Change ☐ Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM NORTON

D

08/28/2007

Electronic Signature of Signing Officer or Director

Date