


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90460 036 ****61.25

DOCUMENT # N00000001892

1. Entity Name
NORTH DOWNTOWN NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
 P.O. BOX 1003
 ST. PETERSBURG, FL 33731

Mailing Address
 P.O. BOX 1003
 ST. PETERSBURG, FL 33731

DO NOT WRITE IN THIS SPACE



05032004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3652446

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BROCKWAY, ALLAN R
301 2ND STREET NORTH, #3
ST. PETERSBURG, FL 33701

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKES, BILL 301 2ND STREET N, #18 ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, TIMOTHY J 350 2ND STREET NORTH, #16 ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROCKWAY, ALLAN R 301 2ND STREET NORTH, #3 ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRUTOWSKI, DIANE 701 MIRROR LAKE DR, #122 ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MARTY 116 4TH AVENUE NE SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMMONS, TIM 106 FAREHAM PLACE NORTH ST. PETERSBURG, FL 33701

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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: *Tim* 5/4/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #