

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001892

FILED
Mar 20, 2009
Secretary of State

Entity Name: DOWNTOWN NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

301 2ND STREET N #3
ST. PETERSBURG, FL 33731 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1003
ST. PETERSBURG, FL 33731 US

New Mailing Address:

FEI Number: 59-3652446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROCKWAY, ALLAN R
301 2ND STREET NORTH, #3
ST. PETERSBURG, FL 33701 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: PD () Delete
Name: BAKER, TIMOTHY J
Address: 350 2ND STREET NORTH,#16
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: TD () Delete
Name: BROCKWAY, ALLAN R
Address: 301 2ND STREET NORTH, #3
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: D () Delete
Name: STIRLING, MARIE
Address: 357 3RD STREET SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: D () Delete
Name: CLEMMONS, TIM
Address: 106 FAREHAM PLACE NORTH
City-St-Zip: ST. PETERSBURG, FL 33701 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: BAKER, TIMOTHY J
Address: 350 2ND STREET NORTH,#16
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: OLSEN, MARYLIN
Address: 100 BEACH DR, NE, APT.1603
City-St-Zip: SAINT PETERSBURG, FL 33701 US

Title: D (X) Change () Addition
Name: SHOLLENBERGER, SYDNI
Address: 105 4TH AVE NE, APT 417
City-St-Zip: ST. PETERSBURG, FL 33701 US

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: ALLAN R BROCKWAY

TD

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date