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

## Feb 11, 2004 8:00 am **Secretary of State** DOCUMENT # N00000003325 1. Entity Name 02-11-2004 90033 049 \*\*\*\*61.25 ASSOCIATION OF DOWNTOWN COMMERCIAL PROPERTY OWNERS, INC. Principal Place of Business Mailing Address 1575 MAIN STREET 1575 MAIN STREET 94013902----SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) TI end Applied For City & State City & State 4. FEI Number 65-1014501 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARKER, MINDY K Street Address (P.O. Box Number is Not Acceptable) C/O SARASOTA COMMERCIAL MGMT 1937 GOLF STREET SARASOTA FL 34236 Zip Code 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 Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be П Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE ☐ Change Addition TITLE HARSHMAN, JOHN B NAME NAME 1575 MAIN STREET STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE FRANKLIN, BRUCE NAME NAME 149 COCONUT AVENUE STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP SD ☐ Change ■ Addition ☐ Delete TITLE TITLE MARCUS: ANDREW ----NAME: NAME 1290 S. PALM AVENUE, SUITE 119 STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE Parker, Mindy 1937 Golf St. MOSHIER, ROSEMARY NAME NAME 40 N ORANGE AVENUE STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 Socrasta, Fr 34236 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 effect the empowered.

John B. Harshman

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

FILED