

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 10, 2006 - 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N00000003325</b>	
1. Entity Name <b>ASSOCIATION OF DOWNTOWN COMMERCIAL PROPERTY OWNERS, INC.</b>	
Principal Place of Business <b>1575 MAIN STREET SARASOTA, FL 34236</b>	Mailing Address <b>1575 MAIN STREET SARASOTA, FL 34236</b>



07122006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1014501</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**PARKER, MINDY K  
C/O SARASOTA COMMERCIAL MGMT  
711 S. OSPREY AVENUE, STE. 1  
SARASOTA, FL 34236**

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IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by September 6, 2006**

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	PD HARSHMAN, JOHN B 1575 MAIN STREET SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARCUS, ANDREW 330 S. PINEAPPLE AVENUE SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARKER, MINDY 711 S. OSPREY AVENUE, STE. 1 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/10/06-80001-011 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-12-06 (941) 951-2002**

Date

Daytime Phone #