
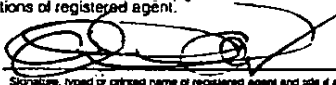
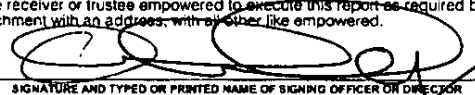


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2/5

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90022 011 \*\*\*\*61.25

<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>		
2. Principal Place of Business - No P.O. Box # <b>330 S. Pineapple Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>330 S. Pineapple Ave</b> Suite, Apt. #, etc.			
City & State <b>Sarasota FL</b>		City & State <b>Sarasota, FL 34236</b>		4. FEI Number <b>65-1014501</b>	
Zip <b>34236</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PARKER, MINDY K C/O SARASOTA COMMERCIAL MGMT 711 S. OSPREY AVENUE, STE. 1 SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>SEC.</b> </div> <div style="width: 30%; text-align: right;"> <b>2/7/07</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD HARSHMAN, JOHN B 1575 MAIN STREET SARASOTA, FL 34236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD MARCUS, ANDREW 330 S. PINEAPPLE AVENUE SARASOTA, FL 34236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T PARKER, MINDY 711 S. OSPREY AVENUE, STE. 1 SARASOTA, FL 34236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete			
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, without other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					