


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N46974**


1. Entity Name  
**DOWNTOWN BUSINESS ASSOCIATION OF ST. PETERSBURG FLORIDA, INC**



Principal Place of Business      Mailing Address

**KATHY CARLSON COAST BANK OF FLORIDA**      **KATHY CARLSON COAST BANK OF FLORIDA**  
**111 2 AVE STE 211**      **111 2 AVE STE 211**  
**SAINT PETERSBURG, FL 33701**      **SAINT PETERSBURG, FL 33701**

**DO NOT WRITE IN THIS SPACE**



03052007 No Chg-NP      CR2E037 (4/06)

4. FEI Number      Applied For  
**59-3169066**      Not Applicable

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

6. Name and Address of Current Registered Agent

**ROTHSTEIN, BARRY**  
**146 2 ST N STE 205**  
**SAINT PETERSBURG, FL 33701**

**DO NOT WRITE 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]*      **BARRY ROTHSTEIN**      **3/5/07**  
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 May 1, 2007**

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

**U000008669856**  
**03/27/07-80089-003 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTHSTEIN, BARRY 146-2ND ST N STE 205 SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, TERRI 201 2 AVE N SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHADWICK, TRENT 4338 1 ST N SAINT PETERSBURG, FL 33703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARLSON, KATHY 111 2 AVE STE 211 SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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 I am empowered.

SIGNATURE: *[Signature]*      **BARRY ROTHSTEIN**      **3/5/07**      **727-365-4725**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #