

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000671

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** THE DOWNTOWN PALM HARBOR MERCHANTS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O OAKS TRAIL BOODS  
1219 FLORIDA AVENUE  
PALM HARBOR, FL 34683 US

**New Principal Place of Business:**

C/O OAKS TRAIL BOOKS  
1219 FLORIDA AVENUE  
PALM HARBOR, FL 34683 US

**Current Mailing Address:**

1219 FLORIDA AVENUE  
PALM HARBOR, FL 34683 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KLEIN, LESLEY  
1219 FLORIDA AVENUE  
PALM HARBOR, FL 34683 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: COPD ( ) Delete  
Name: KLEIN, LESLEY  
Address: 1219 FLORIDA AVENUE  
City-St-Zip: PALM HARBOR, FL 34683

Title: T ( ) Delete  
Name: FREIDINGER, TED  
Address: 1114 B FLORIDA AVE  
City-St-Zip: PALM HARBOR, FL 34683

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: LESLEY KLEIN

COPD

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date