2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N93000000671

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

Current Principal Place of Business:

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

New Principal Place of Business:

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: COPD ( ) Change (X) Addition
Name: MONTELARO, JAN
Address: 1118 FLORIDA AVENUE
City-St-Zip: PALM HARBOR, FL 34683

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 04/30/2009

Electronic Signature of Signing Officer or Director — Date