

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90095 049 \*\*\*\*61.25

**DOCUMENT # N93000001200**

1. Entity Name  
**DOWNTOWN MELBOURNE ASSOCIATION, INC.**



Principal Place of Business

P.O. BOX 754  
MELBOURNE, FL 32902-0754

Mailing Address

P.O. BOX 754  
MELBOURNE, FL 32902-0754

00001173



06292005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3196047**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

TRADER, J. RUDI  
903 E. STRAWBRIDGE AVE.  
MELBOURNE, FL 32901

**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, 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 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	<del>HERENDEEN, LISA</del> Beverly Sanders
STREET ADDRESS	P.O. BOX 754
CITY-ST-ZIP	MELBOURNE, FL 32902
TITLE	VD
NAME	<del>BECKNER, ROB</del> Lisa Dutcher-Herenden
STREET ADDRESS	P.O. BOX 754
CITY-ST-ZIP	MELBOURNE, FL 32902
TITLE	SD
NAME	<del>FLEET, DIANA</del> Sheri Taylor
STREET ADDRESS	P.O. BOX 754
CITY-ST-ZIP	MELBOURNE, FL 32902
TITLE	TD
NAME	<del>PINNICK, ROBERT</del> Thomas Kasico
STREET ADDRESS	P.O. BOX 754
CITY-ST-ZIP	PALM BAY, FL 32905
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 exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

7/1/05

321-724-5400