

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000072

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: THE DOWNTOWN PARTNERSHIP OF SARASOTA, INC.

**Current Principal Place of Business:**

1818 MAIN STREET  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

1818 MAIN STREET  
SARASOTA, FL 34236 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:**

GORDON, CHERYL  
1818 MAIN STREET  
SARASOTA, FL 34236 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: D ( ) Delete  
Name: RICHARDSON, BOLO  
Address: 1818 MAIN STREET  
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete  
Name: KOFLER, CAROLYN  
Address: 1818 MAIN STREET  
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete  
Name: NICHOLAS, JOHN  
Address: 1818 MAIN STREET  
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete  
Name: MICHEL, JOHN  
Address: 1818 MAIN STREET  
City-St-Zip: SARASOTA, FL 34236

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

Title: D (X) Change ( ) Addition  
Name: GORDON, CHERYL  
Address: 1818 MAIN STREET  
City-St-Zip: SARASOTA, FL 34236

Title: D (X) Change ( ) Addition  
Name: BLACK, IAN  
Address: 1818 MAIN STREET  
City-St-Zip: SARASOTA, FL 34236

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

Title: D (X) Change ( ) Addition  
Name: FORSON, MICHAEL  
Address: 1818 MAIN STREET  
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN NICHOLAS

D

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date