

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003833

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** OLD TOWN AT RIVERWALK MERCHANTS ASSOCIATION, INC.

**Current Principal Place of Business:**

330 SW 2ND STREET, STE. 212  
FT. LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

330 SW 2ND STREET, STE. 212  
FT. LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 65-0838961

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARRAS, JAMES J JAMES C  
330 SW 2ND STREET, STE. 212  
FT. LAUDERDALE, FL 33312 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:** CD  
**Name:** CARRAS, JAMES  
**Address:** 330 SW 2ND STREET, STE. 212  
**City-St-Zip:** FT. LAUDERDALE, FL 33312

**Title:** VCD  
**Name:** PETRILLO, TIM  
**Address:** 301 SW 3RD AVENUE  
**City-St-Zip:** FT. LAUDERDALE, FL 33312

**Title:** STD  
**Name:** SILVA, DAVID  
**Address:** 300 SW2 STREET  
**City-St-Zip:** FORT LAUDERDALE, FL 33301

**Title:** STD  
**Name:** NICHOLAS, DAVID  
**Address:** 210 SOUTHWEST SECOND STREET  
**City-St-Zip:** FORT LAUDERDALE, FL 33301

I hereby 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 all other like empowered.

**SIGNATURE:** JAMES CARRAS

PRES

05/01/2012

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

\_\_\_\_\_  
Date