FILE NOW: FILING FEE IS \$61.25

SIGNATURE:

NONPROFIT FLORIDA DEPARTMENT OF STATE 护护 CORPORATION Sandra B. Mortham * ANNUAL REPORT Secretary of State 98 FE8 -9 PM 1:34 DIVISION OF CORPORATIONS 1998 DOCUMENT #
1. Corporation Name
Downtown PARK Avenue 197000
Neighborhood Association Inc. SECHETATIV CH STATE TALLAHASCHE, FLORIDA N97000004687 Principal Place of Business Mailing Address 133-9 OAK Street 3. Date Incorporated or Qualified Tallahassee, FL 32301 8-18-9 Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired same same 21 Fee Required Suite, Apt. #, etc Suite, Apt #, etc. 6. Election Campaign Financing \$5.00 May Be Same 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Same 28 Yes 23 **☑** No Country 8. This corporation owes or has paid the current year Intangible Samp ☐ Yes Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Sara miller 848 E CALL St. 82 Street Address (P.O. Box Number is Not Acceptable) Tallahassee, FL 32301 83 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed hame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE □ DELETE 500002426315 - Addition NAME 1.2 NAME -02/10/98--01030--002 STREET ADDRESS 1.3 STREET ADDRESS *****70.00 *****70.00 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2 1 TITLE Change ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CHY-ST-ZIP TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-2IP TITLE 4.1 TITLE ☐ Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE ☐ DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 64 CiTY-ST-ZIP 14. Thereby 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 annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver by sustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

NAME OF SIGNING OFFICER OR DIRECTOR

2-7-98 488-6701