


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90466 037 \*\*\*\*61.25

<b>DOCUMENT # N99000007459</b>	
<b>1. Entity Name</b> <b>DOWNTOWN BUSINESS ASSOCIATION OF STUART, INC.</b>	

<b>Principal Place of Business</b> 47 S.W. FLAGLER AVE STUART FL 34994	<b>Mailing Address</b> P.O. BOX 1708 STUART FL 34995
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country


1st MOORE CR2E037 (10/05)

<b>6. Name and Address of Current Registered Agent</b>  PARKS, MAXINE 1301 STARFISH LANE STUART FL 34996	<b>7. Name and Address of New Registered Agent</b> Name <u>Peggy Patterson</u> <del>Margaret</del> Street <u>56 SW Albany Ave</u> City <u>Stuart</u> FL <u>34994</u>
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<b>4. FEI Number</b> 65-0970133	Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**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  (NOTE: Registered Agent signature required when re-registering) DATE 4/11/06

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DALY, PAUL 47 SW FLAGLER STUART FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PACE, JOSEPHINE 5 SW FLAGLER AVE STUART FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUTCHINSON, MARY 300 COLORADO AVE ST, 204 STUART FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIPMAN, TONYA 3 SW FLAGLER AVE STUART FL 34994 <input checked="" type="checkbox"/> Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<u>Domenick Bruenette</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>155 W Flagler Ave</u> <u>Stuart, FL 34994</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAVEN, GRACE 438 NE BAYBERRY LN JENSEN BEACH FL 34957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANDOOY, LESLIE 1200 S. FEDERAL HWY STUART FL 34994 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>John Bella</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>34 SW Osceola St.</u> <u>Stuart, FL 34994</u>

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**  4/11/06 772-287-1447