

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007459

FILED  
May 07, 2009  
Secretary of State

**Entity Name:** DOWNTOWN BUSINESS ASSOCIATION OF STUART, INC.

**Current Principal Place of Business:**

47 S.W. FLAGLER AVE  
STUART, FL 34994

**New Principal Place of Business:**

47 S.W. FLAGLER AVENUE  
STUART, FL 34994

**Current Mailing Address:**

P.O. BOX 1708  
STUART, FL 34995

**New Mailing Address:**

FEI Number: 65-0970133      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

PATEISON, PEGGY  
56 SW ALBANY AVE  
STUART, FL 34994      US

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

PATERSON, MARGARET A EA  
56 SW ALBANY AVENUE  
STUART, FL 34994      US

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: MARGARET A PATERSON EA

05/07/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: HOROWITZ, DAVID  
Address: 41 SW FLAGLER AVE  
City-St-Zip: STUART, FL 34994

Title: T      ( ) Delete  
Name: BAKER, SARAH  
Address: 715 COLORADO AV  
City-St-Zip: STUART, FL 34994

Title: D      ( ) Delete  
Name: BENVENUTO, DOMANICK  
Address: 3 SW OSCEOLA ST  
City-St-Zip: STUART, FL 34994

Title: D      (X) Delete  
Name: BELLA, JOHN  
Address: 39 W OSCEOLA ST  
City-St-Zip: STUART, FL 34994

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

Title: PRES      (X) Change ( ) Addition  
Name: DALY, PAUL  
Address: 47 SW FLAGLER AVENUE  
City-St-Zip: STUART, FL 34994

Title: S/T      (X) Change ( ) Addition  
Name: BAKER, SARAH  
Address: 715 COLORADO AVENUE  
City-St-Zip: STUART, FL 34994

Title: VP      (X) Change ( ) Addition  
Name: BELLA, JOHN  
Address: 39 W OSCEOLA STREET  
City-St-Zip: STUART, FL 34994

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SARAH BAKER

S/T

05/07/2009

Electronic Signature of Signing Officer or Director

Date