

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90181 036 \*\*\*158.75

**DOCUMENT # P99000048979**

1. Entity Name  
**DOWNTOWN DWELLINGS, INC.**



Principal Place of Business  
**1345 MAIN STREET SUITE B-1  
SARASOTA, FL 34236**

Mailing Address  
**1345 MAIN STREET SUITE B-1  
SARASOTA, FL 34236**



04062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0923066**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**RITCHEY, J. PATRICK  
1345 MAIN STREET SUITE B-1  
SARASOTA, FL 34236**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	RITCHEY, J. PATRICK
STREET ADDRESS	1345 MAIN STREET SUITE B-1
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	VP
NAME	RUBAUDO, NICK
STREET ADDRESS	659 OHIO PL.
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	S
NAME	RUBAUDO, NICK
STREET ADDRESS	659 OHIO PL.
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	T
NAME	RITCHEY, J. PATRICK
STREET ADDRESS	1345 MAIN STREET SUITE B-1
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/08