

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000000332

**Entity Name:** DOWNTOWN RIVER ARTS NEIGHBORHOOD ASSOCIATION, INC.**FILED**  
**Apr 01, 2025**  
**Secretary of State**  
**9347944835CC****Current Principal Place of Business:**1205 N FRANKLIN STREET  
SUITE 110  
TAMPA, FL 33602**Current Mailing Address:**1205 N FRANKLIN STREET  
#110  
TAMPA, FL 33602 US**FEI Number: 20-8732695****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**PULEO, KIM LIVELY  
1205 N FRANKLIN STREET  
#110  
TAMPA, FL 33602 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: KIM LIVELY PULEO****04/01/2025**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** DIRECTOR  
**Name** RYUN, CATHARINE  
**Address** 1205 N FRANKLIN STREET  
SUITE 110  
**City-State-Zip:** TAMPA FL 33602**Title** SECRETARY  
**Name** CHRIS, PASCUCCI  
**Address** 1205 N FRANKLIN STREET  
#110  
**City-State-Zip:** TAMPA FL 33602**Title** TREASURER  
**Name** RYAN, MISENER H  
**Address** 1205 N FRANKLIN STREET  
SUITE 110  
**City-State-Zip:** TAMPA FL 33602**Title** DIRECTOR  
**Name** SANDY, PARDUE  
**Address** 1205 N FRANKLIN STREET  
#110  
**City-State-Zip:** TAMPA FL 33602**Title** VP  
**Name** PALMER, MARYBETH  
**Address** 1205 N FRANKLIN STREET  
SUITE 110  
**City-State-Zip:** TAMPA FL 33602**Title** PRESIDENT  
**Name** PULEO, KIM  
**Address** 1205 N FRANKLIN STREET  
#110  
**City-State-Zip:** TAMPA FL 33602**Title** DIRECTOR  
**Name** SAVAS, ALECIA  
**Address** 1205 N FRANKLIN STREET  
#110  
**City-State-Zip:** TAMPA FL 33602**Title** DIRECTOR  
**Name** HEALTH HARLON  
**Address** 1205 N FRANKLIN STREET  
SUITE 110  
**City-State-Zip:** TAMPA FL 33602**Continues on page 2**

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: KIM M PULEO****PRESIDENT****04/01/2025**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                                     |
|-----------------|-------------------------------------|
| Title           | DIRECTOR                            |
| Name            | BRITTANY LYSSY                      |
| Address         | 1205 N FRANKLIN STREET<br>SUITE 110 |
| City-State-Zip: | TAMPA FL 33602                      |