905 NOT-FOR-PROFIT CORPORATION REINSTATEMENT குரிவில் DOCUMENT # N00000000961 CITYPLACE TOWNHOUSE POA, INC. Principal Place of Business Malling Address 225 SOUTHERN BLVD. 225 SOUTHERN BLVD. SUITE 202 SUITE 202 WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02022005 REIN-NP CR2E099 (6/04) City & State City & State FEI Number 90-0029061 Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ein Salata • KRASKER, PAUL A 625 N FLAGLER DRIVE 9TH FLOOR Box Number is Not Acceptable) WEST PALM BEACH, FL 33401 225 Southern Blud STE 200 PAIM Beach 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 03 Make check payable to FILE NOW!!! FEE IS \$297.50 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete Director TITLE Change Addition KATAJISTO, ARVO MAME NAME 659 HIBISCUS STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP VP Detete President TITLE TITLE Addition ☐ Change NAME SELVIDIO, LOUIS P NAME Kenneth Curtin STREET ADDRESS 695 HIBISCUS STREET STREET ADDRESS 646 Fern St West Palm Beach Fl 33401 CITY-ST-ZIP WEST PALM BEACH, FL 33401 COV-ST-7IP Robert Difiore 1412 Lake are West Palm Beach FI TITLE Delete ПΠЕ ☐ Change ☑ Addition NAME COWELL, RICHARD C JR NAME STREET ADDRESS **608 FERN STREET** STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-ZIP CITY-ST-ZIP 334<u>01</u> TITLE ☐ Defete DD 8 ☐ Addition Secretary DE ZEGO, ABBY NAME NAME STREET ADDRESS **638 FERN STREET** STREET ADDRESS

200046289452 02/10/05--01006--010 \*\*61 12. I hereby 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 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IF

treasurer

Bryan Jeanne 1412 Lake avenue West Paim Beach

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CATY-ST-ZIP

TITLE

NAME

TITLE

NAME

WEST PALM BEACH, FL 33401

G OFFICER OR DIRECTOR

☐ Delete

☐ Delete

833*-444* 

Change

Addition

Addition

3340

11 262

CITYPLACE TOWNHOUSE POA INC. c/o Touchstone Webb Mgmt 225 Southern Blvd Suite 202 West Palm Beach, Fl 33405 561-833-4443

February 03, 2005

Division of Corporations ATTN: Tina Roberts 409 E. Gaines St Tallahassee, Florida 32399

RE: CityPlace Townhouse POA Inc.

Dear Ms. Roberts:

We did not receive a rejection letter dated May 12, 2004, therefore we are requesting a waiver of the penalty fee.

We thank you in advance for your assistance.

Sincerely,

Vice President