


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

|  |                           |   |   |  |                                   |
|--|---------------------------|---|---|--|-----------------------------------|
| DOCUMENT # N00000000961  |                           |   |   |         |                                   |
| 1. Entity Name<br>CITYPLACE TOWNHOUSE POA, INC.  |                           |   |   |  |                                   |
| Principal Place of Business<br>225 SOUTHERN BLVD.<br>SUITE 202<br>WEST PALM BEACH, FL 33405  |                           |   | Mailing Address<br>225 SOUTHERN BLVD.<br>SUITE 202<br>WEST PALM BEACH, FL 33405 |  |                                   |
| 2. Principal Place of Business   |                           |   | 3. Mailing Address  |  |                                   |
| Suite, Apt. #, etc.  |                           |   | Suite, Apt. #, etc.   |  |                                   |
| City & State   |                           |   | City & State  |  |                                   |
| Zip  | Country                   | Zip   | Country   | 4. FEI Number<br>90-0029061  |                                   |
|  |                           |   |   | Applied For<br><input type="checkbox"/> Not Applicable                                   |                                   |
|  |                           |   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| 6. Name and Address of Current Registered Agent  |                           |   | 7. Name and Address of New Registered Agent                                     |  |                                   |
| SALATA, KATHLEEN<br>225 SOUTHERN BLVD<br>STE 202<br>WEST PALM BEACH, FL 33405  |                           |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City              |  |                                   |
|  |                           |   | FL Zip Code   |  |                                   |
| 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 <u>Kathleen Salata</u>   |                           |   |   | DATE <u>3/23/06</u>  |                                   |
| Signature, typed or printed name of registered agent and title if applicable.  |                           |   |   | (NOTE: Registered Agent signature required when registering)                             |                                   |
| Filing Fee is \$61.25<br>Due by May 1, 2006  |                           | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be Added to Fees  |                                   |
| Make check payable to Florida Department of State  |                           |   |   |  |                                   |
| 10. OFFICERS AND DIRECTORS   |                           |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                           |  |                                   |
| TITLE  | D                         | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | KATAJISTO, ARVO           |   | NAME  |  |                                   |
| STREET ADDRESS   | 659 HIBISCUS STREET       |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  | WEST PALM BEACH, FL 33401 |   | CITY-ST-ZIP   |  |                                   |
| TITLE  | P                         | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | CURTIN, KENNETH           |   | NAME  |  |                                   |
| STREET ADDRESS   | 648 FERN ST               |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  | WEST PALM BEACH, FL 33401 |   | CITY-ST-ZIP   |  |                                   |
| TITLE  | VP                        | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | DIFIORE, ROBERT           |   | NAME  |  |                                   |
| STREET ADDRESS   | 1412 LAKE AVE             |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  | WEST PALM BEACH, FL 33401 |   | CITY-ST-ZIP   |  |                                   |
| TITLE  | S                         | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | DE ZEGO, ABBY             |   | NAME  |  |                                   |
| STREET ADDRESS   | 638 FERN STREET           |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  | WEST PALM BEACH, FL 33401 |   | CITY-ST-ZIP   |  |                                   |
| TITLE  | S                         | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | BRYAN, JEANNE             |   | NAME  |  |                                   |
| STREET ADDRESS   | 1412 LAKE AVE             |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  | WEST PALM BEACH, FL 33401 |   | CITY-ST-ZIP   |  |                                   |
| TITLE  |                           | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   |                           |   | NAME  |  |                                   |
| STREET ADDRESS   |                           |   | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  |                           |   | CITY-ST-ZIP   |  |                                   |
| 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 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: <u>[Signature]</u>  |                           |   |   | Date <u>4/19/06</u>  |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                           |   |   | Daytime Phone #  |                                   |



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 05/02/06-80025-022 61.25