

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2008 90207 044 ****61.25

DOCUMENT-# N00000000961



1. Entity Name
 CITYPLACE TOWNHOUSE POA, INC.

Principal Place of Business
 225 SOUTHERN BLVD.
 SUITE 202
 WEST PALM BEACH, FL 33405

Mailing Address
 225 SOUTHERN BLVD.
 SUITE 202
 WEST PALM BEACH, FL 33405



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162008 Chg-NP CR2E037 (12/06)

4. FEI Number
 90-0029061

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SALATA, KATHLEEN
 225 SOUTHERN BLVD
 STE 202
 WEST PALM BEACH, FL 33405

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
 Due by May 1, 2008

9. Election Campaign Financing
 Trust Fund Contribution.

\$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
 NAME: KATAJISTO, ARVO Delete
 STREET ADDRESS: 659 HIBISCUS STREET
 CITY-ST-ZIP: WEST PALM BEACH, FL 33401

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: P
 NAME: CURTIN, KENNETH Delete
 STREET ADDRESS: 646 FERN ST
 CITY-ST-ZIP: WEST PALM BEACH, FL 33401

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: VP
 NAME: DIFIORE, ROBERT Delete
 STREET ADDRESS: 1412 LAKE ARE
 CITY-ST-ZIP: WEST PALM BEACH, FL 33401

TITLE: Treasurer Change Addition
 NAME: Joyce Berry
 STREET ADDRESS: 580 Sapodilla Ave
 CITY-ST-ZIP: West Palm Bch FL 33401

TITLE: S
 NAME: DE ZEGO, ABBY Delete
 STREET ADDRESS: 638 FERN STREET
 CITY-ST-ZIP: WEST PALM BEACH, FL 33401

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: S
 NAME: BRYAN, JEANNE Delete
 STREET ADDRESS: 1412 LAKE AVE
 CITY-ST-ZIP: WEST PALM BEACH, FL 33401

TITLE: Vice President Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 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 its 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:

Joyce Berry
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08 561-833-4443
 Date Daytime Phone #