

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 17, 2009  
Secretary of State**

DOCUMENT# N00000000961

Entity Name: CITYPLACE TOWNHOUSE POA, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 90-0029061      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KATAJISTO, ARVO  
Address: 659 HIBISCUS STREET  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: P ( ) Delete  
Name: CURTIN, KENNETH  
Address: 646 FERN ST  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T ( ) Delete  
Name: BEASY, JOYCE  
Address: 580 SAPODILLA AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S (X) Delete  
Name: DE ZEGO, ABBY  
Address: 638 FERN STREET  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP ( ) Delete  
Name: BRYAN, JEANNE  
Address: 1412 LAKE AVE  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: BERRY, JOYCE  
Address: 580 SAPODILLA AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN SALATA

PM

03/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date