


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90004 015 ****61.25

DOCUMENT # N00000005468

1. Entity Name
CITYPLACE TOWER CONDOMINIUM ASSOCIATION, INC.




Principal Place of Business
**651 OKEECHOBEE BLVD
 C/O MANAGEMENT
 WEST PALM BEACH, FL 33401**

Mailing Address
**651 OKEECHOBEE BLVD
 C/O MANAGEMENT OFFICE
 WEST PALM BEACH, FL 33401**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01282008 Chg-NP CR2E037 (12/06)

4. FEI Number
02-0726374 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SACHS & SAX ATTORNEYS AT LAW
 301 YAMATO ROAD
 SUITE 4150
 BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

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 _____ (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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	SCHOBER, JOSEPH F	651 OKEECHOBEE BLVD. #1012	WEST PALM BEACH, FL 33401	<input type="checkbox"/>
VP	RUFFINO, ARTHUR	651 OKEECHOBEE BLVD. #311	WEST PALM BEACH, FL 33401	<input type="checkbox"/>
ST	CUTHBERTSON, CLIVE T	651 OKEECHOBEE BLVD. #404	WEST PALM BEACH, FL 33401	<input type="checkbox"/>
OFFI	HUHN, ELIZABETH OFFICER	651 OKEECHOBEE BLVD. #1111	WEST PALM BEACH, FL 33401	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	OFFI CUTHBERTSON, CLIVE T.	651 OKEECHOBEE BLVD #404	WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	ST HUHN, ELIZABETH	651 OKEECHOBEE BLVD # 1111		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	OFFI ERMIS VOSCOPOULOS	651 OKEECHOBEE BLVD # 403	WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: *Joseph F. Schober* **1-31-08**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone # _____