

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N01171

1. Entity Name
CITY PARK PLACE, INC.



Principal Place of Business

1330 S.E. 4TH AVENUE
FORT LAUDERDALE, FL 33316 US

Mailing Address

P.O. BOX 030399
FT. LAUDERDALE, FL 33303 US



01042008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-2368068

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BODENHAMER, WILLIAM
1330 SE 4TH AVE., SUITE A
FT. LAUDERDALE, FL 33316

**DO NOT WRITE
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BODENHAMER, WILLIAM
STREET ADDRESS 1330 SE 4TH AVENUE SUITE D
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE VD
NAME DOVE, DR. DENNIS
STREET ADDRESS 1330 SE 4TH AVENUE, SUITE H
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE STD
NAME STOCKTON, RANDALL DR.
STREET ADDRESS 1330 SE 4TH AVENUE SUITE L
CITY-ST-ZIP FORT LAUDERDALE, FL 33316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000781752
01/15/08-80046-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *William Bodenhamer* **William Bodenhamer, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #