

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011431

FILED
Sep 06, 2007
Secretary of State

Entity Name: CITY VILLAS DOWNTOWN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

180 E INLET
PALM BEACH, FL 33480

New Principal Place of Business:

180 EAST INLET DRIVE
PALM BEACH, FL 33480

Current Mailing Address:

180 E INLET
PALM BEACH, FL 33480

New Mailing Address:

180 EAST INLET DRIVE
PALM BEACH, FL 33480

FEI Number: 20-4493784 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEVINE, JAY S
2500 N MILITARY TRAIL SUITE 490
BOCA RATON, FL 33431 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: DP () Delete
Name: MCGANN, KEVIN
Address: 180 E INLET
City-St-Zip: PALM BEACH, FL 33480

Title: DV () Delete
Name: BIGGINS, JOSEPH
Address: 322 MERCIA DR
City-St-Zip: JUPITER, FL 33458

Title: DST () Delete
Name: BIGGINS, CHRISTOPHER
Address: 322 MERCIA DR
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MCGANN, KEVIN
Address: 180 EAST INLET DRIVE
City-St-Zip: PALM BEACH, FL 33480

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: KEVIN MCGANN

DP

09/06/2007

Electronic Signature of Signing Officer or Director

_____ Date