

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009548

FILED
Apr 16, 2009
Secretary of State

Entity Name: CITY CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

17 E FLAGLER STREET SUITE 219
MIAMI, FL 33131

New Principal Place of Business:

17 E FLAGLER STREET SUITE 118
MIAMI, FL 33131

Current Mailing Address:

PO BOX 13351
MIAMI, FL 33101

New Mailing Address:

FEI Number: 26-1563401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERMAN, JEFF
17 E FLAGLER STREET SUITE 219
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SHERMAN, JEFF
17 E FLAGLER STREET SUITE 118
MIAMI, FL 33131 US

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: _____

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHERMAN, JEFF
Address: 17 E FLAGLER STREET SUITE 219
City-St-Zip: MIAMI, FL 33131

Title: VP () Delete
Name: SHERMAN, THELMA
Address: 17 E FLAGLER STREET SUITE 219
City-St-Zip: MIAMI, FL 33131

Title: ST (X) Delete
Name: DI CESARE, LILIANNA
Address: 17 E FLAGLER STREET SUITE 219
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: SHERMAN, JEFF
Address: 17 E FLAGLER STREET SUITE 118
City-St-Zip: MIAMI, FL 33131

Title: VP (X) Change () Addition
Name: SHERMAN, THELMA
Address: 17 E FLAGLER STREET SUITE 118
City-St-Zip: MIAMI, FL 33131

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: JEFF SHERMAN

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date