

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000000961

**Entity Name:** CITYPLACE TOWNHOUSE POA, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 90-0029061

**Certificate of Status Desired:** No

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title P  
Name LUCHECHKO, ADRIANA  
Address 686 FERN ST  
City-State-Zip: WEST PALM BEACH FL 33401

Title T  
Name BERRY, JOYCE  
Address 580 SAPODILLA AVENUE  
City-State-Zip: WEST PALM BEACH FL 33401

Title D  
Name MEYERS, MICHELLE  
Address 133 SEABREEZE AVENUE  
City-State-Zip: PALM BEACH FL 33408

Title SECRETARY  
Name LITWINKA, JOHN  
Address 674 FERN STREET  
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR  
Name COPANI, PETER  
Address 640 FERN STREET  
City-State-Zip: WEST PALM BEACH FL 33401

*I hereby 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 all other like empowered.*

**SIGNATURE:** ADRIANA LUCHECHKO

**PRESIDENT**

**01/30/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date