

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005385

Entity Name: CITYPLACE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1560 W. CLEVELAND ST.
TAMPA, FL 33606**Current Mailing Address:**1560 W. CLEVELAND ST.
TAMPA, FL 33606**FEI Number:** 20-1166711**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARLOWE, STEPHEN
1560 W. CLEVELAND ST.
TAMPA, FL 33606 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	D
Name	MARLOWE, STEPHEN
Address	1560 W. CLEVELAND ST.
City-State-Zip:	TAMPA FL 33606

Title	D
Name	MILLS, KATHY
Address	1530 W. CLEVELAND ST.
City-State-Zip:	TAMPA FL 33606

Title	D/PR
Name	ARKOVICH, CHRISTIE
Address	1520 W. CLEVELAND ST.
City-State-Zip:	TAMPA FL 33606

Title	D
Name	CAGLIANONE, JEFF
Address	1570 W. CLEVELAND ST.
City-State-Zip:	TAMPA FL 33606

Title	D
Name	ROBBIN, TRACY
Address	1510 W. CLEVELAND ST.
City-State-Zip:	TAMPA FL 33606

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: CHRISTIE ARKOVICH**PRES****03/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date