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: BURCOMBE, NEIL

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: LAURIE MANOFF

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

Title	VP	Title	TREASURER, SECRETARY
Name	BELSON, CHRISTOPHER	Name	RITER, PATRICIA
Address	3900 WOODLAKE BLVD STE 309	Address	3900 WOODLAKE BLVD STE 309
City-State-Zip:	LAKE WORTH FL 33463	City-State-Zip:	LAKE WORTH FL 33463
Title	DIRECTOR	Title	PRESIDENT
Title Name	DIRECTOR KOSLICK, JEFF	Title Name	PRESIDENT BURCOMBE, NEIL

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.

### Name and Address of Current Registered Agent:

STOLOFF AND MANOFF PA 1818 AUSTRALIAN AVE SOUTH SUITE 400

WEST PALM BEACH, FL 33409 US

### 3900 WOODLAKE BLVD STE 309 LAKE WORTH, FL 33463 US

FEI Number: 20-4150151

## DOCUMENT# N04000010536

Entity Name: CONVENTION CENTER TOWN HOMES, POA, INC.

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# **Current Principal Place of Business:**

3900 WOODLAKE BLVD SUITE 309 LAKE WORTH, FL 33463

## **Current Mailing Address:**

PRESIDENT

01/24/2023

Date

## FILED Jan 24, 2023 Secretary of State 9811266826CC

01/24/2023 Date

Certificate of Status Desired: No