

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010536

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

**Current Principal Place of Business:**

783 N STREET  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

157 HARBOR LAKE CIRCLE  
WEST PALM BEACH, FL 33413

**FEI Number: 20-4150151**

**Certificate of Status Desired: No**

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

DICKER, ESQ., EDWARD  
1818 AUSTRALIAN AVENUE SOUTH  
SUITE #400  
WEST PALM BEACH, FL 33409 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            VD  
Name            SCHAAF, STEPHEN  
Address        624 CENTER STREET  
City-State-Zip: HERDON VA 20170

Title            STD  
Name            RITER, PATTI  
Address        1105 FLORIDA AVENUE  
City-State-Zip: WEST PALM BEACH FL 33401

Title            CFO  
Name            RITER, PATRICIA  
Address        157 HARBOR LAKE CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33413

Title            PRESIDENT  
Name            MACIK, AUTUMN  
Address        783 N 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: AUTUMN MACIK**

**PRESIDENT**

**06/16/2018**

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

\_\_\_\_\_  
Date