

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007454

FILED
Jan 10, 2014
Secretary of State
CC5965635345

Entity Name: CREATIVE CITY COLLABORATIVE OF DELRAY BEACH, INC.

Current Principal Place of Business:

180 NE 1ST STREET
DELRAY BCH, FL 33444

Current Mailing Address:

180 NE 1ST STREET
DELRAY BCH, FL 33444

FEI Number: 26-3210202

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

USHE, ALYONA A
180 NE 1ST STREET
DELRAY BCH, FL 33444 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 VP
Name HALBERG, CHARLES
Address 4870 S. CLASSICAL BLVD
City-State-Zip: DELRAY BCH FL 33445

Title SECRETARY
Name TORRES-TUMAZOS, ROSA
Address 2725 RIVIERA DRIVE
City-State-Zip: DELRAY BCH FL 33445

Title BOARD MEMBER
Name ROSEN, BRIAN
Address 5900 NORTH ANDREWS AVENUE,
SUITE 100
City-State-Zip: FT. LAUDERDALE FL 33309

Title BOARD MEMBER
Name DUNAYER , RONNIE
Address 2916 SW 22 CIRCLE
SUITE 20C1
City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR
Name USHE, ALYONA
Address 4511 S. OCEAN BLVD
106
City-State-Zip: HIGHLAND BEACH FL 33487

Title PRESIDENT
Name SCHMIER, ROBERT
Address 180 NE 1ST STREET
City-State-Zip: DELRAY BCH FL 33444

Title VP
Name STEVE, MICHAEL
Address 180 NE 1ST STREET
City-State-Zip: DELRAY BCH FL 33444

Title BOARD MEMBER
Name LOWENTHAL, RICHARD
Address 180 NE 1ST STREET
City-State-Zip: DELRAY BCH FL 33444

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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: ALYONA USHE

EXECUTIVE DIRECTOR

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title BOARD MEMBER
Name FREEMAN, KATHERINE
Address 180 NE 1ST STREET
City-State-Zip: DELRAY BCH FL 33444

Title DIRECTOR
Name ROBERTS, NIGEL
Address 180 NE 1ST STREET
City-State-Zip: DELRAY BCH FL 33444

Title DIRECTOR
Name SCHILLINGER, BRENT
Address 180 NE 1ST STREET
City-State-Zip: DELRAY BCH FL 33444

Title DIRECTOR
Name FERGUSON, LYNN
Address 180 NE 1ST STREET
City-State-Zip: DELRAY BCH FL 33444

Title DIRECTOR
Name BENTKOVER, ADAM
Address 180 NE 1ST STREET
City-State-Zip: DELRAY BCH FL 33444