

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13376

**Entity Name:** THE CITTA FOUNDATION, INC.

**Current Principal Place of Business:**

101 S.E. 6TH AVENUE  
SUITES C & D  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

101 S.E. 6TH AVENUE  
SUITES C & D  
DELRAY BEACH, FL 33483 US

**FEI Number:** 59-2635738

**Certificate of Status Desired:** No

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

ARLEN, ROBERT M.  
101 S.E. 6TH AVENUE  
SUITES C & D  
DELRAY BEACH, FL 33483 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 PD  
Name CITTA, ROSANNE L.  
Address 201 HOOPER AVE., SUITE 5A  
City-State-Zip: TOMS RIVER NJ 08753

Title VP  
Name FARFALLA, KRISTIN  
Address 63 CRANMOOR DRIVE  
City-State-Zip: TOMS RIVER NJ 08753

Title VP  
Name LORIANN, ERBE  
Address 16 PINE STREET  
City-State-Zip: TOMS RIVER NJ 08753

Title SD  
Name ROSELLI, MARIE  
Address 585 BROOKSIDE DRIVE  
City-State-Zip: TOMS RIVER NJ 08753

*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:** ROSANNE L CITTA

**PRESIDENT**

**01/12/2016**

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

\_\_\_\_\_  
Date