2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

DOCUMENT-# N0000000961 1. Entity Name CITYPLACE TOWNHOUSE POA, INC. Principal Place of Business 225 SOUTHERN BLVD. SUITE 202 WEST PALM BEACH, FL 33405 Suite, Apt. #, etc. City & State Mailing Address 225 SOUTHERN BLV SUITE 202 WEST PALM BEACH, 3. Mailing Address Suite, Apt. #, etc. City & State City & State			33405	1 00 0000004	1.25	
Zíp	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent		
SALATA, KATHLEEN						
	HERN BLVD		Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
WEST PALM BEACH, FL 33405						
•			City	City FL Zip Code		
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Can Trust Fund C	npaign Financing ontribution.	\$5.00 May Be Added to Fees Make check payable to Florida Department of Sta		
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATAJISTO, ARVO 659 HIBISCUS STREET WEST PALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURTIN, KENNETH 646 FERN ST WEST PALM BEACH, FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIFIORE, ROBERT 1412 LAKE ARE WEST PALM BEACH, FL 33401	₩ Telete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	reaserer Berry 80 400 Berry 80 Sapodella AVE Dest Payor BCh F1 3 3 401	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE ZEGO, ABBY 638 FERN STREET WEST PALM BEACH, FL 33401	☐ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRYAN, JEANNE 1412 LAKE AVE WEST PALM BEACH, FL 33401	☐ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP	ice President Schange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby o	certify that the information supplied with	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemptions contain	Change The change of the control of	Addition	

indicated on this report of supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MAT PRE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DESCRIPTION

129/08 561833444