

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002400

FILED  
Jul 12, 2006  
Secretary of State

Entity Name: CITYPLACE CULTURAL ARTS CENTER, INC.

**Current Principal Place of Business:**

600 ROSEMARY AVE  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

60 COLUMBUS CIRCLE  
NEW YORK, NY 10023

**Current Mailing Address:**

700 S ROSEMARY  
STE 200  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

60 COLUMBUS CIRCLE  
NEW YORK, NY 10023

FEI Number: 65-0999121      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CORPORATION SERVICES COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

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

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

**OFFICERS AND DIRECTORS:**

Title: DVT      ( ) Delete  
Name: BURGER, MARTIN S  
Address: 60 COLUMBUS CIRCLE, 18TH FLOOR  
City-St-Zip: NEW YORK, NY 10022

Title: DS      ( ) Delete  
Name: HARRIS, LYNDA J  
Address: 222 LAKEVIEW AVENUE SUITE 1400  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DVP      ( ) Delete  
Name: MEISTER, ADAM  
Address: 700 S ROSEMARY AVE, SUITE 200  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP      (X) Change ( ) Addition  
Name: MEISTER, ADAM  
Address: 60 COLUMBUS CIRCLE  
City-St-Zip: NEW YORK, NY 10023

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ADAM MEISTER

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DVP

07/12/2006

\_\_\_\_\_ Date