

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90004 015 ****61.25

DOCUMENT # N00000005468

1. Entity Name
CITYPLACE TOWER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**651 OKEECHOBEE BLVD
C/O MANAGEMENT
WEST PALM BEACH, FL 33401**

Mailing Address
**651 OKEECHOBEE BLVD
C/O MANAGEMENT OFFICE
WEST PALM BEACH, FL 33401**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01282008 Chg-NP CR2E037 (12/06)

4. FEI Number
02-0726374

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SACHS & SAX ATTORNEYS AT LAW
301 YAMATO ROAD
SUITE 4150
BOCA RATON, FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept 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 Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SCHOBBER, JOSEPH F
651 OKEECHOBEE BLVD. #1012
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
RUFFINO, ARTHUR
651 OKEECHOBEE BLVD. #311
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
CUTHBERTSON, CLIVE T
651 OKEECHOBEE BLVD. #404
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**OFFICER
CUTHBERTSON, CLIVE T.
651 OKEECHOBEE BLVD #404
WEST PALM BEACH, FL 33401** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**OFFICER
HUHN, ELIZABETH
651 OKEECHOBEE BLVD. #1111
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
HUHN, ELIZABETH
651 OKEECHOBEE BLVD #1111** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**OFFICER
ERMIS VOSCOPoulos
651 OKEECHOBEE BLVD #403
WEST PALM BEACH, FL 33401** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-08