

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005468

FILED
Mar 25, 2009
Secretary of State

Entity Name: CITYPLACE TOWER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

651 OKEECHOBEE BLVD
C/O MANAGEMENT
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 02-0726374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SACHS & SAX ATTORNEYS AT LAW
6111 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487 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: _____

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHOBBER, JOSEPH F
Address: 651 OKEECHOBEE BLVD. #1012
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: VP () Delete
Name: RUFFINO, ARTHUR
Address: 651 OKEECHOBEE BLVD. #311
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: OFFI () Delete
Name: CUTHBERTSON, CLIVE T
Address: 651 OKEECHOBEE BLVD. #404
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: ST () Delete
Name: HUHN, ELIZABETH OFFICER
Address: 651 OKEECHOBEE BLVD. #1111
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: OFFI () Delete
Name: VOSCOPOULOS, ERMIS
Address: 651 OKEECHOBEE BLVD #403
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: HEYD, ROBERT
Address: 651 OKEECHOBEE BLVD. #907
City-St-Zip: WEST PALM BEACH, FL 33401 US

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

I hereby certify that the information supplied with this filing does not qualify 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: JOSEPH F. SCHOBBER

P

03/25/2009

Electronic Signature of Signing Officer or Director

Date