

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90035 041 ****61.25

DOCUMENT # N01000002677

1. Entity Name
**THE GARDEN RESIDENCES AT CITYPLACE
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**580 SAPODILLA ST.
WEST PALM BEACH, FL 33401**

Mailing Address
**C/O TOUCHSTONE WEBB
225 SOUTHERN BL #202
WEST PALM BEACH, FL 33436**

20007460



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
90-0029060

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SALATA, KATHLEEN
C/O TOUCHSTONE WEBB MGMT
225 SOUTHERN BLVD., SUITE 202
WEST PALM BEACH, FL 33405**

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, 2007**

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 PD ☒ Delete
NAME CURTIN, KENNETH
STREET ADDRESS 580 SAPODILLA ST., UNIT 108
CITY-ST-ZIP WEST PALM BEACH, FL 33401

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

TITLE VTD ☐ Delete
NAME JANNEY, BRIAN
STREET ADDRESS 580 SAPODILLA ST., UNIT 201
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE ☒ Change ☐ Addition
NAME JANNEY, BRYAN
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME DIFIONE, ROBERT
STREET ADDRESS 1412 LAKE AVE.
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE ☒ Change ☐ Addition
NAME DIFIORE, ROBERT
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BERRY, CAMERON
STREET ADDRESS 580 SAPODILLA ST., UNIT 202
CITY-ST-ZIP WEST PALM BEACH, FL 33401

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

TITLE T ☐ Delete
NAME O'DIERNO, ROSEMARIE
STREET ADDRESS 580 SAPODILLA STREET, # 306
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE ☒ Change ☐ Addition
NAME ODIERNO, ROSEMARIE
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME COHEN, ALAN
STREET ADDRESS 580 SAPODILLA STREET, # 106
CITY-ST-ZIP WEST PALM BEACH, FL 33401

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

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #