

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002677

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

580 SAPODILLA ST.
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 90-0029060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALATA, KATHLEEN
C/O TOUCHSTONE WEBB MGMT
225 SOUTHERN BLVD., SUITE 202
WEST PALM BEACH, FL 33405 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: VTD () Delete
Name: JANNEY, BRYAN
Address: 580 SAPODILLA ST., UNIT 201
City-St-Zip: WEST PALM BEACH, FL 33401

Title: P () Delete
Name: DIFIORE, ROBERT
Address: 1412 LAKE AVE.
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: BERRY, CAMERON
Address: 580 SAPODILLA ST., UNIT 202
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T () Delete
Name: ODIERNO, ROSEMARIE
Address: 580 SAPODILLA STREET, # 306
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S () Delete
Name: COHEN, ALAN
Address: 580 SAPODILLA STREET, # 106
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: () Change () Addition
Name:
Address:
City-St-Zip:

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: KATHLEEN SALATA

PM

04/15/2009

Electronic Signature of Signing Officer or Director

Date