

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2005 8:00 am
Secretary of State

07-18-2005 90039 047 ****61.25

DOCUMENT # N04000005385 1. Entity Name CITYPLACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1313 GRAY STREET TAMPA, FL 33606				Mailing Address 1313 GRAY STREET TAMPA, FL 33606	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1166711	
5. Certificate of Status Desired ☐				☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, GARY 1313 GRAY STREET TAMPA, FL 33606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 date if applicable (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by September 7, 2005		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	PD COHEN, GARY 1313 GRAY STREET TAMPA, FL 33606	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ADAMS, THOMAS P 1313 GRAY STREET TAMPA, FL 33606	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COHEN, ANDREW 1313 GRAY STREET TAMPA, FL 33606	☐ Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 7-14-05 Daytime Phone #: 813-220-0808					

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