

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005385

FILED
Apr 08, 2009
Secretary of State

Entity Name: CITYPLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1560 W. CLEVELAND ST.
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

1560 W. CLEVELAND ST.
TAMPA, FL 33606

New Mailing Address:

FEI Number: 20-1166711

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARLOWE, STEPHEN
1560 W. CLEVELAND ST.
TAMPA, FL 33606 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: D () Delete
Name: MARLOWE, STEPHEN
Address: 1560 W. CLEVELAND ST.
City-St-Zip: TAMPA, FL 33606

Title: D (X) Delete
Name: WOLFMAN, MATT
Address: 1550 W. CLEVELAND ST.
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: MILLS, KATHY
Address: 1530 W. CLEVELAND ST.
City-St-Zip: TAMPA, FL 33606

Title: D/PR () Delete
Name: ARKOVICH, CHRISTIE
Address: 1520 W. CLEVELAND ST.
City-St-Zip: TAMPA, FL 33606

Title: D (X) Delete
Name: BERTUCCI, CLINTON
Address: 1570 W. CLEVELAND ST.
City-St-Zip: TAMPA, FL

Title: D (X) Delete
Name: MORIN, KEN
Address: 1510 W. CLEVELAND ST.
City-St-Zip: TAMPA, FL 33606

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:

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: CHRISTIE D. ARKOVICH

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date