

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07491

FILED
Mar 03, 2009
Secretary of State

Entity Name: CITY VIEW TOWNHOMES ASSOCIATION, INC.

Current Principal Place of Business:

375 CITY VIEW DRIVE
FORT LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

CONSOLIATED COMMUNITY MANAGEMENT
10034 W. MCNAB RD
FORT LAUDERDALE, FL 33321 US

New Mailing Address:

FEI Number: 59-2654714 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RANDALL ROGERS & ASSOCIATES, P.A.
ONE PARK PLACE
621 NW 53RD STREET, # 300
BOCA RATON, FL 33487 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: PR () Delete
Name: SALVATORE, PAGE
Address: 10034 W MC NAB
City-St-Zip: TAMARAC, FL 33321

Title: TR () Delete
Name: SAUINETTI, VINCENT
Address: 10034 W MCNAB
City-St-Zip: TAMARAC, FL 33321

Title: V () Delete
Name: SIEGFRIED, ARTHUR
Address: 346 CITY VIEW DR
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PHILLIPS, KEVIN
Address: 10034 W MC NAB
City-St-Zip: TAMARAC, FL 33321

Title: T (X) Change () Addition
Name: DECKERT, ROBERT
Address: 10034 W MCNAB
City-St-Zip: TAMARAC, FL 33321

Title: VS (X) Change () Addition
Name: VILTA, BONNEY
Address: 10034 W. MCNAB RD.
City-St-Zip: TAMARAC, FL 33321

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: KEVIN PHILLIPS

P

03/03/2009

Electronic Signature of Signing Officer or Director

Date