

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N39714 (3)

1. Corporation Name

CITY CENTER PARTNERSHIP, INCORPORATED

Principal Place of Business

319 CLEMATIS ST., STE 700  
WEST PALM BEACH FL 33401

Mailing Address

319 CLEMATIS ST., STE 700  
WEST PALM BEACH FL 33401



3. Date Incorporated or Qualified

08/24/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

65-0244879

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOUNTAIN, BILL  
319 CLEMATIS ST  
SUITE 700  
WEST PALM BCH FL 33410

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and understand the obligations of Section 617.0500, Florida Statutes.

SIGNATURE

Signature of registered agent and the applicable:

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMES, KELLY	
STREET ADDRESS	250 AUSTRALIAN AVE S #202	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HITCHINS, RICHARD	
STREET ADDRESS	325 S OLIVE AVE	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TYLANDER, GIGI	
STREET ADDRESS	213 CLEMATIS ST	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DORSEY, RAY	
STREET ADDRESS	524 DATURA ST	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHWAB, RON	
STREET ADDRESS	515 N FLAGLER DR #1400	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAHAM, NANCY	
STREET ADDRESS	625 N FLAGLER DR., 9 FL	
CITY - ST - ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Bert Copeland Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	11760 US Highway I #100	
13 STREET ADDRESS	NPB, FL 33408	
14 CITY - ST - ZIP		
21 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	George Grunberg	
23 STREET ADDRESS	210 Clematis St	
24 CITY - ST - ZIP	WPB, FL 33401	
31 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Mark Hudson	
33 STREET ADDRESS	303 Banyan Blvd.	
34 CITY - ST - ZIP	WPB, FL.	
41 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Dennis Grady	
43 STREET ADDRESS	401 N. Flagler Dr.	
44 CITY - ST - ZIP	WPB, FL 33401	
51 TITLE	John Ahnholz Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	215 S. Olive Ave.	
53 STREET ADDRESS	WPB, FL 33401	
54 CITY - ST - ZIP		
61 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Jim Springer	
63 STREET ADDRESS	625 N. Flagler Dr.	
64 CITY - ST - ZIP	WPB., FL. 33401	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-96 (407) 833-8873

Date

Daytime Phone #

CR2E037 (12/95)