

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Norther
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39714 (3)

1. Corporation Name

CITY CENTER PARTNERSHIP, INCORPORATED

Principal Place of Business

Mailing Address

319 CLEMATIS ST., STE 700
WEST PALM BEACH FL 33401319 CLEMATIS ST., STE 700
WEST PALM BEACH FL 33401-46213. Date Incorporated or Qualified
08/24/19903a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

65-0244879

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 Chairman	<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 type="checkbox"/> DELETE
NAME	AHNENHOLZ, JOHN	
STREET ADDRESS	215 SOUTH OLIVE AVENUE	
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	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dennis Grady	
1.3 STREET ADDRESS	401 N. Flagler Dr.	
1.4 CITY-ST-ZIP	WPB, FL. 33401	
2.1 TITLE	George Greenberg (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	210 Clematis St.	
2.3 STREET ADDRESS	WPB, FL. 33401	
2.4 CITY-ST-ZIP	WPB, FL. 33401	
3.1 TITLE	Mark Hudson (d)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	303 Banyan Blvd.	
3.3 STREET ADDRESS	WPB, FL. 33401	
3.4 CITY-ST-ZIP	WPB, FL. 33401	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dan Turk	
4.3 STREET ADDRESS	P.O. Box 989 218 Datura St.	
4.4 CITY-ST-ZIP	WPB, FL. 33402	
5.1 TITLE	Richard Haskins	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	P.O. Box 4298 4400 Congress Ave.	
5.3 STREET ADDRESS	WPB, FL. 33407	
5.4 CITY-ST-ZIP	WPB, FL. 33407	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Bert Copeland	
6.3 STREET ADDRESS	701 US Highway 1	
6.4 CITY-ST-ZIP	N Palm Beach, FL. 33408	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

2.11.97

Date

Daytime Phone # 0038080

CR2E037 (9/96)