

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90232 047 ****61.25

DOCUMENT # N39714

1. Entity Name

CITY CENTER PARTNERSHIP, INCORPORATED



Principal Place of Business

400 CLEMATIS ST
#202
WEST PALM BEACH FL 33401

Mailing Address

400 CLEMATIS ST
#202
WEST PALM BEACH FL 33401

14021670



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0244879

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOUNTAIN, BILL
400 CLEMATIS ST
SUITE 202
WEST PALM BEACH FL 33410

7. Name and Address of New Registered Agent

Name

Nancy C. Graham

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

400 Clematis Street, Suite 202

City

West Palm Beach

FL

Zip Code

33401

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 Nancy C. Graham

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

(NOTE: Registered Agent signature required when reinstating)

4/30/04
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

| | | |
|----------------|---------------------------|--|
| 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 checked="" type="checkbox"/> Delete |
| NAME | TYLANDER, GIGI | |
| STREET ADDRESS | 620 CLEMATIS ST | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DORSEY, RAY | |
| STREET ADDRESS | 501 S FLAGLER DRIVE | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | TURK, DAN | |
| STREET ADDRESS | 215 SOUTH OLIVE AVENUE | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HARRIS, LYN | |
| STREET ADDRESS | 222 LAKEVIEW AVE STE 1400 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SPRINGER, JAMES | |
| STREET ADDRESS | 180 ROYAL PALM WAY | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | George Greenberg | |
| STREET ADDRESS | 210 Clematis Street | |
| CITY-ST-ZIP | West Palm Beach, FL 33401 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Paul Twitty | |
| STREET ADDRESS | 515 North Flagler Drive, Suite 1400 | |
| CITY-ST-ZIP | West Palm Beach, FL 33401 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Nancy C. Graham | |
| STREET ADDRESS | 400 Clematis Street, Ste. 202 | |
| CITY-ST-ZIP | West Palm Beach, FL 33401 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: Nancy C. Graham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Daytime Phone #