

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90184 035 ****61.25

DOCUMENT # N39714			
1. Entity Name CITY CENTER PARTNERSHIP, INCORPORATED			
Principal Place of Business 400 CLEMATIS ST., SUITE 202 WEST PALM BEACH, FL 33401-4321		Mailing Address 400 CLEMATIS ST., SUITE 202 WEST PALM BEACH, FL 33401-4321	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Zip		Country	
01102005		Chg-NP	
CR2E037 (10/03)		Applied For	
4. FEI Number 65-0244879		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6- Name and Address of Current Registered Agent		7- Name and Address of New Registered Agent	
GRAHAM, NANCY C DOWNTOWN DEVELOPMENT AUTHORITY 400 CLEMATIS STREET, SUITE 202 WEST PALM BEACH, FL 33401-4321		Name <u>Peter Armato</u> Street Address (P.O. Box Number is Not Acceptable) <u>400 Clematis Street, Suite 202</u> City <u>West Palm Beach</u> FL Zip Code <u>33401</u>	
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 <u>Peter Armato</u>		<u><i>Peter Armato</i></u> <u>3/1/2005</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HITCHINS, RICHARD 325 S OLIVE AVE WEST PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paul Twitty 515 N. Flagler Drive, Ste. 1400 West Palm Beach, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, GEORGE 210 CLEMATIS STREET WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Lyn Harris 222 Lakeview Ave., #1400 West Palm Beach, FL 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORSEY, RAY 501 S. FLAGLER DR, SUITE 600 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Peter Armato 400 Clematis Street, Ste. 202 West Palm Beach, FL 33401 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURK, DAN 205 DATURA STREET WEST PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, LYN 222 LAKEVIEW AVE STE 1400 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPRINGER, JAMES 741 US HWY 1 NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Peter Armato</i></u>		<u>3/1/2005</u> <u>561-8398879</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50036166



01102005 Chg-NP CR2E037 (10/03)

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Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

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SIGNATURE: *Peter Armato* 3/1/2005 561-8398879
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #