

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39714

FILED
Jan 06, 2010
Secretary of State

Entity Name: CITY CENTER PARTNERSHIP, INCORPORATED

Current Principal Place of Business:

301 CLEMATIS STREET
SUITE 200
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

301 CLEMATIS STREET
SUITE 200
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0244879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOHLUST, MELISSA
301 CLEMATIS STREET
SUITE 200
WEST PALM BEACH, FL 334014321 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: P
Name: WOHLUST, MELISSA
Address: 301 CLEMATIS STREET, SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33401

Title: C
Name: HARRIS, LYN
Address: 222 LAKEVIEW AVE STE 1400
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D
Name: TWITTY, PAUL
Address: 515 NORTH FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T
Name: HITCHINS, RICHARD
Address: 325 S. OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D
Name: GRADY, DENNIS
Address: 401 N. FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D
Name: DORSEY, RAY
Address: 501 S. FLAGLER DRIVE, STE 600
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: MELISSA WOHLUST

PRES

01/06/2010

Electronic Signature of Signing Officer or Director

_____ Date