

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90030 030 ****61.25

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1. Entity Name
**HYPOLUXO'S MARINER'S CAY CONDOMINIUM
ASSOCIATION, INC.**

Principal Place of Business
**50 SCOTIA DRIVE
HYPOLUXO, FL 33462**

Mailing Address
**C/O C.A.M.S
314 NE 3RD ST
BOYNTON BEACH, FL 33435**

60018745



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number

54-2122461

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

7. Name and Address of New Registered Agent

**ST JOHN CORE & LEMME P.A.
1601 FORUM PLACE
701
WEST PALM BEACH, FL 33401**

Name

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

City

FL

Zip Code

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

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, 2007**

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 P ☐ Delete
NAME HOGAN, ROBERT L
STREET ADDRESS 900 SCOTIA DR #303
CITY-ST-ZIP HYPOLUXO, FL 33462

TITLE VP ☐ Delete
NAME HESS, FRED
STREET ADDRESS 1200 SCOTIA DR #601
CITY-ST-ZIP HYPOLUXO, FL 33462

TITLE T ☐ Delete
NAME SPERBER, SYDNEY
STREET ADDRESS 200 SCOTIA DR #203
CITY-ST-ZIP HYPOLUXO, FL 33462

TITLE S ☐ Delete
NAME BARRATT, LINDA
STREET ADDRESS 1200 SCOTIA DR #401
CITY-ST-ZIP HYPOLUXO, FL 33462

TITLE D ☐ Delete
NAME HARDESTY, MARIE
STREET ADDRESS 200 SCOTIA DR #202
CITY-ST-ZIP HYPOLUXO, FL 33462

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert Hogan President 2/19/2007 561-315-8157