

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90249 032 ****61.25

DOCUMENT # N03000006346 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	
2. Principal Place of Business - No P.O. Box # 600 S Rogers Cir		3. Mailing Address 1200 S Rogers Circle	
Suite, Apt. #, etc. Ste 3		Suite, Apt. #, etc. Ste 3	
City & State Boca Raton FL		City & State Boca Raton FL	
Zip 33487 Country		Zip 33487 Country	
4. FEI Number 54-2122461		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ST JOHN CORE & LEMME P.A. 1601 FORUM PLACE # 701 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name First Choice Management Group Inc Street Address (P.O. Box Number is Not Acceptable) Karen Lippman 1200 South Rogers Circle Ste 3 Boca Raton FL 33487	
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><i>Karen Lippman</i></u> DATE <u>4/24/08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOGAN, ROBERT L 900 SCOTIA DR #303 HYPOLUXO, FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition H Hogan, Robert 900 Scotia Dr #303 Hypoluxo FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HESS, FRED 1200 SCOTIA DR #601 HYPOLUXO, FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition P Hess, Fred 1200 Scotia Dr #601 Hypoluxo FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPERBER, SYDNEY 200 SCOTIA DR #203 HYPOLUXO, FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRATT, LINDA 1200 SCOTIA DR #401 HYPOLUXO, FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDESTY, MARIE 200 SCOTIA DR #202 HYPOLUXO, FL 33462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition VP Brennan, Maria 300 Scotia Dr #202 Hypoluxo FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition D Long, Richard 600 Scotia Dr #103 Hypoluxo FL 33462
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: <u><i>Sydney Sperber</i></u>		SYDNEY SPERBER 4/29/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	