2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State
03-10-2004 90013 013 ****61.25

DOCUMENT # N95000001148

1. Entity Name
THE PHIPPS ESTATES HOMEOWNER'S ASSOCIATION, INC.

S4016488

Principal Place of Business	Mailing Address
202 PHIPPS ESTATES RD PALM BEACH, FL 33480	223 SUNSET AVE STE 110 PALM BEACH, FL 33480

01122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0684355 ☐ Applied For ☐ Not Applicable

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
LIST, MARTIN A 223 SUNSET AVE STE 110 PALM BEACH, FL 33480	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 _____ DATE
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, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP STEIN, MICHAEL 227 VIA ~~TURTUGA~~ PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 227 VIA TORTUGA
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ~~SCHUTT~~, LEWIS 226 VIA LAS ~~BAISAS~~ PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition SCHOTT, LEWIS 226 VIA LAS BRISAS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST ~~LUMING~~ LORING, ARTHUR 209 VIA ~~TURTUGA~~ PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition LORING, ARTHUR 209 VIA TORTUGA
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEVDERSON, CHARLES 231 VIA LAS ~~BRISAS~~ PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition HENDERSON, CHARLES 231 VIA LAS BRISAS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition DIRECTOR BURNS, BRIAN 217 VIA TORTUGA PALM BEACH, FL 33480
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 3/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #