2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N95000001148

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

Current Principal Place of Business:

202 PHIPPS ESTATES RD
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

223 SUNSET AVE STE 110
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 65-0684355 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIST, MARTIN A
223 SUNSET AVE STE 110
PALM BEACH, FL 33480 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: DP ( ) Delete
Name: STEIN, MICHAEL
Address: 227 VIA TORTUGA
City-St-Zip: PALM BEACH, FL 33480

Title: VP ( ) Delete
Name: SCHOTT, LEWIS
Address: 226 VIA LAS BRISAS
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete
Name: HENDERSON, CHARLES
Address: 231 VIA LAS BRISAS
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete
Name: BURNS, BRIAN
Address: 217 VIA TORTUGA
City-St-Zip: PALM BEACH, FL 33480

Title: DST ( ) Delete
Name: TIEFEL, WILLIAM
Address: 236 VIA VAS BRISAS
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARTIN LIST MGR 03/23/2009

Electronic Signature of Signing Officer or Director — Date