## 2003 NOT-FOR-PROFIT CORPORATION

## **FILED** JUNGFORM BUSINESS REPORT (UBR Mar 07, 2003 8:00 am Secretary of State DOCUMENT # N9500001148 1. Entity Name 03-07-2003 90122 047 \*\*\*\*61.25 THE PHIPPS ESTATES HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 205 VIA TORTUGA PALM BEACH FL 33480 205 VIA TOPTUGA Palm B**eac**h Fl 33480 2. Principal Place of Business 202 Pulpos ESTATES 3. Mailing Address AA3 SUNSET AVE Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES #110 Pity & State BEACH 4. FEI Number 65-0684355 Applied For BEACH Not Applicable Country レSA \$8.75\_Additional 5.- Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARTIN Box Number is Not Acceptable) SUITE #110 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 PARTIN A. LIST SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PRESIDENT - DIRECTUR TITLE Delete SWANSON, DAN'E NAME STREET ADDRESS 4/4 N. COUNTRY RD. STREET ADDRESS CITY-ST-ZIP PALM BEACH P CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition KIRSCHNER MITCHELL B NAME NAME 1841 LANE TREE CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCK RATON F CITY-ST-ZIP 46m 28AEH, 76.23480 DST TITLE Delete SUCKU TARY, TAB STURFE, DIRUSCAR KOhange TITLE NAME NAME STREET ADDRESS TURTUG4 STREET ADDRESS CITY-ST-7IP PALM BÉACHN PAIM / BUACH, Ac 31480 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS LAS 1321645 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 employered 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 appowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP