

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001162

Entity Name: PHILLIPPE ESTATES HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**812 DUVAL COURT
SAFETY HARBOR, FL 34695**Current Mailing Address:**P.O. BOX 1114
SAFETY HARBOR, FL 34695 US**FEI Number:** 36-4409808**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOUNGE, ASHLEY
PHILLIPPE ESTATES HOA, INC.
P.O. BOX 1114
SAFETY HARBOR, FL 34695 US*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:** ASHLEY LOUNGE

01/10/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	RUKAMP, JEAN
Address	PHILLIPPE ESTATES HOA, INC. P.O. BOX 1114
City-State-Zip:	SAFETY HARBOR FL 34695

Title	VICE PRESIDENT
Name	HICKMAN, TODD
Address	PHILLIPPE ESTATES HOA, INC. P.O. BOX 1114
City-State-Zip:	SAFETY HARBOR FL 34695

Title	TREASURER
Name	LOUNGE, ASHLEY
Address	PHILLIPPE ESTATES HOA, INC. P.O. BOX 1114
City-State-Zip:	SAFETY HARBOR FL 34695

Title	SECRETARY
Name	MOORE, MIKE
Address	PHILLIPPE ESTATES HOA, INC. P.O. BOX 1114
City-State-Zip:	SAFETY HARBOR FL 34695

I hereby 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 all other like empowered.

SIGNATURE: ASHLEY LOUNGE

TREASURER

01/10/2015

Electronic Signature of Signing Officer/Director Detail

Date