

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90032 029 ****61.25

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03042008 Chg-NP CR2E037 (12/06)

DOCUMENT # 745224 1. Entity Name HURLINGHAM CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12773 W FOREST HILL SUITE 1201 WELLINGTON, FL 33414 US			Mailing Address 12773 W FOREST HILL SUITE 1201 WELLINGTON, FL 33414 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1877054	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HARRIS, JOHN D C/O HARRIS ASSOCIATES 12773 W FOREST HILL SUITE 1201 WELLINGTON, FL 33414				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD GRIMES, JOHN R <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	13880 POLO ROAD WEST 102-A		NAME		
STREET ADDRESS	WELLINGTON, FL 33414		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	AS HARRIS, JOHN D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	12773 W FOREST HILL SUITE 1201		NAME		
STREET ADDRESS	WELLINGTON, FL 33414		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD BICKEL, WANDA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	13388 POLO ROAD WEST 201-B		NAME		
STREET ADDRESS	WELLINGTON, FL 33414		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD SIEGEL, RON <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	13380 POLO ROAD WEST 105A		NAME		
STREET ADDRESS	WELLINGTON, FL 33414		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/6/08 Daytime Phone # 561-4527039		