## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2008 8:00 am Secretary of State

DOCUMENT: #757117				04	-17-2008 90033 00	)2 ****61.25	
1. Entity Name 1999 VIBURNUM HOMEOWNERS ASSOCIATION, INC.							
Principal Place		Mailing Address			BY: 12	<i>/</i>	
6401 CONGRESS AVE #140		6401 CONGRESS AVE #140		4007	40070449		
BOCA RATON, FL 33487 US		BOCA RATON, FL 33487 US					
2, Principal Place of Business - No P.O. Box # 3		3. Mailing Address	Mailing Address Was S. Roses Orch			HAN ALAN ELAN ELANIAH AT ING	
Suite, Apt. #, etc. See 3		Suite, Apt. #, etc.			hg-NP CR2E	037 (12/06)	
Bica Rakn FT		City & State	Brock Laton +1		4. FEI Number		
<sup>Zip</sup> 334	67 Country	Zip 33487	Country	5. Certificate of S	tatus Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current F			7. Name and Add	dress of New Registered	Agent	
LIPPMAN, KAREN							
LIPPMAN & LIPPMAN ENTERPRISES 6401 CONGRESS AVE #140				reet Address (P.O. Box Number & Not Acceptable)			
	ON, FL 33487	-	755	<u> </u>			
_		•	City 1	Zaca Dala	F	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 Karen Ruffman  Signature, typed or printed name of regista/ord/agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
Filling Fee Is \$61.25  9. Election Campaign Financing  \$5.00 May Be Due by May 1, 2008  9. Election Campaign Financing Trust Fund Contribution.  Added to Fees  Florida Department of							
10.	OFFICERS AND DIR		11.	ADDITIONS/CHANG	SES TO OFFICERS AND D		
TITLE NAME	V UNTENER, GEORGE	☐ Delete	TITLE NAME	Untener, Gec	action of the contract of the	Addition Addition	
STREET ADDRESS	5395 VIBOMUM CIRCLE DELRAY BCH, FL 33484		STREET ADDRESS CITY-ST-ZIP	5395 Viburne	smilircle		
TITLE	P	□ Delete	TITLE	Delmy Bear	1 11 55989	Change  Addition	
NAME	SAMANO, ANTONIO	_ 500.0	NAME	Samano, Ant	onio .	7 -	
STREET ADDRESS CITY-ST-ZIP	5392 VIBURNUM CIR DELRAY BEACH, FL 33484		STREET ADDRESS CITY-ST-ZIP	5392 Viburnum Delray Beach		Ì	
TITLE	T	☐ Defete	TITLE	S Holmes, Martin	71 30 10	Change	
NAME	HOLMES, MARTIN		NAME	Holmes, Martin 5408 Viburnum	n Cincole	-	
STREET ADDRESS CITY-ST-ZIP	5408 VIBUURNUM CIRCLE DELRAY BCH, FL 33484	•	STREET ADDRESS CITY-ST-ZIP	Delray Beach			
TITLE	2V	☐ Delete	TITLE	T		Change	
NAME	PATICOFF, HENRY		NAME	Paticoff, Hen 5323 Viburni	Ciccle	,	
STREET ADDRESS CITY-ST-ZIP	5323 VIBURNUM CIRCLE DELRAY BCH, EL 33484		STREET ADDRESS CITY-ST-ZIP	Delray Reac	h FT 33484		
TITLE	s ·	☐ Delete	TITLE	P.,		Change	
NAME	FELDMAN, LOIS	•	NAME STREET ADDRESS	Feldman Lois 5407 Viburnum	<l< td=""><td></td></l<>		
STREET ADDRESS CITY-ST-ZIP	5407 VIBURNON ST DELRAY BEACH, FL 33484		CITY-ST-ZIP	Delva Beach	F1 33484	′	
TITLE	AREA .	☐ Delete	TITLE			Change Addition	
NAME STREET ADDRESS			NAME 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 of 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.							
ble - 1 149-564							
SIGNATURE: SIGNATURE AND DIFFED OR PRINTED NAME OF SIGNATURE OF DIRECTOR DISE							