


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 761837</b> 1. Entity Name HYPOLUXO WEST PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business P O BOX 6066 LAKE WORTH, FL 33466-066 US	Mailing Address P O BOX 6066 LAKE WORTH, FL 33466-066 US
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03062008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2466421	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LAWRENCE, DIANE  
4869 POSEIDON PLACE  
LAKE WORTH, FL 33463

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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 \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GIEDINGHAGEN, CAROL
STREET ADDRESS	4871 POSEIDON PLACE
CITY ST ZIP	LAKE WORTH, FL
TITLE	V
NAME	GARY PORTERFIELD
STREET ADDRESS	6902 ATHENA DR
CITY ST ZIP	LAKE WORTH, FL 33463
TITLE	PD
NAME	LAWRENCE, DIANE
STREET ADDRESS	4869 POSEIDON PL
CITY ST ZIP	LAKE WORTH, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

U00000866616  
04/08/08-80037-013 61.25

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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: [Signature] Diane Lawrence 3/6/08 561.968.5256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR