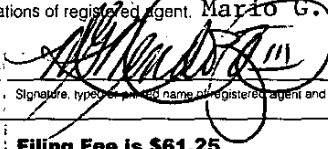
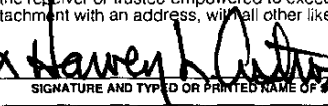


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90050 003 ****61.25

DOCUMENT # 769271 1. Entity Name HYPERION FARMS PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 12765 FOREST HILL BLVD. SUITE 1302 WELLINGTON, FL 33414			Mailing Address 12765 FOREST HILL BLVD. SUITE 1302 WELLINGTON, FL 33414		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DE MENDOZA, MARIO G III 12765 FOREST HILL BLVD., #1302 WELLINGTON, FL 33414				Name Mario G. de Mendoza, III, P.A. Street Address (P.O. Box Number is Not Acceptable) 12765 Forest Hill Boulevard Suite 1302 City Wellington FL Zip Code 33414	
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, Mario G. de Mendoza, III, P.A.					
SIGNATURE:  , Mario G. de Mendoza, III, President				DATE 2/12/04	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution ☐		\$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	DPST ARMSTRONG, HARVEY L ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	12765 FOREST HILL BLVD., SUITE 1302		NAME		
STREET ADDRESS	WELLINGTON, FL 33414		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D SLOAN, ALEXANDRA ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	12765 FOREST HILL BLVD., SUITE 1302		NAME		
STREET ADDRESS	WELLINGTON, FL 33414		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D DE MENDOZA, MARIO G III ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	12765 FOREST HILL BLVD., SUITE 1302		NAME		
STREET ADDRESS	WELLINGTON, FL 33414		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ 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 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 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:  , Harvey L. Armstrong, President				DATE 2/18/04 (650) 210-5000	
SIGNATURE AND TYPED OR PRINTED NAME OF AGING OFFICER OR DIRECTOR				Date Daytime Phone #	