2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State
02-10-2003 90225 022 ****61.25

DOCUMENT # 769271

1. Entity Name

~~BIRCH K PROPERTY OWNERS' ASSOCIATION, INC.~~

HYPERION FARMS PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~% JOHN F. FLANIGAN~~ ~~625 N. FLAGLER DRIVE~~ ~~WEST PALM BEACH FL 33401~~	~~% JOHN F. FLANIGAN~~ ~~625 N. FLAGLER DRIVE~~ ~~WEST PALM BEACH FL 33401~~

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
12765 Forest Hill Boulevard	12765 Forest Hill Boulevard
Suite, Apt. #, etc.: Suite 1302	Suite, Apt. #, etc.: Suite 1302
City & State: Wellington, Florida	City & State: Wellington, Florida
Zip: 33414 Country: US	Zip: 33414 Country: US

4. FEI Number **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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.

SIGNATURE: Mario G. de Mendoza, III, President DATE: 01/17/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BRANT, PETER M 385 TACONIC RD GREENWICH CT 06831	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ELEBASH, PETER H. 11360 FORTUNE CIR #E-4 W. PALM BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, JAMES 251 ROYAL PALM WAY PALM BEACH FL 33480	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPST Armstrong, Harvey L. 12765 Forest Hill Boulevard, Suite 1302 Wellington, Florida 33414 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sloan, Alexandra 12765 Forest Hill Boulevard, Suite 1302 Wellington, Florida 33414 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D de Mendoza, Mario G III 12765 Forest Hill Boulevard, Suite 1302 Wellington, Florida 33414 ☐ Change ☒ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED Harvey L. Armstrong, President (561) 784-2930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #