

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000005597

1. Entity Name

HYPERION APARTMENTS, INC.



Principal Place of Business

C/O SENTINEL REAL ESTATE CORPORATION
1251 AVE. OF THE AMERICAS, 35TH FLOOR
NEW YORK NY 10020

Mailing Address

C/O SENTINEL REAL ESTATE CORPORATION
1251 AVE. OF THE AMERICAS, 35TH FLOOR
NEW YORK NY 10020

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

13-3881775

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

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STREICKER, JOHN H	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS, 35TH FLOOR	
CITY- ST- ZIP	NEW YORK NY 10020	
TITLE	V	<input type="checkbox"/> Delete
NAME	BELLI, NOEL G	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS, 35TH FLOOR	
CITY- ST- ZIP	NEW YORK NY 10020	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHEFFLER, LARRY	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS, 35TH FLOOR	
CITY- ST- ZIP	NEW YORK NY 10020	
TITLE	V	<input type="checkbox"/> Delete
NAME	CASSIDY, MILLIE C	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS, 35TH FLOOR	
CITY- ST- ZIP	NEW YORK NY 10020	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROTH, LELAND	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS, 35TH FLOOR	
CITY- ST- ZIP	NEW YORK NY 10020	
TITLE	S	<input type="checkbox"/> Delete
NAME	WATTERS, CONNELL J	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS, 35TH FLOOR	
CITY- ST- ZIP	NEW YORK NY 10020	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/14/05-80037-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05

(212) 408-5000

Date

Daytime Phone #