

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # G29953
 1. Entity Name
HINES FLORIDA CLUB CORP.



Principal Place of Business Mailing Address
 2800 POST OAK BLVD STE 5000 2800 POST OAK BLVD STE 5000
 HOUSTON, TX 77056-3110 HOUSTON, TX 77056-3110

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



01112005 Chg-P CR2E034 (10/03)
 4. FEI Number Applied For
76-0092561 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 HOWE, OSMOND C. JR.
 200 S. BISCAYNE BLVD.
 SOUTHEAST FINANCIAL CENTER, SUITE 4500
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00
 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	HINES, GERALD D	
STREET ADDRESS	2800 POST OAK BLVD. STE 5000	
CITY-ST-ZIP	HOUSTON, TX 77056	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	HUTCHENS, JEANINE E	
STREET ADDRESS	2800 POST OAK BLVD, STE #5000	
CITY-ST-ZIP	HOUSTON, TX 77056	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, C H	
STREET ADDRESS	2800 POST OAK BLVD SUITE 5000	
CITY-ST-ZIP	HOUSTON, TX 77056	
TITLE	VS	<input type="checkbox"/> Delete
NAME	FORBES, KAY P	
STREET ADDRESS	2500 POST OAK BLVD STE 5000	
CITY-ST-ZIP	HOUSTON, TX 77056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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: *Jeanine E. Hutchens* *Jeanine E. Hutchens* 1-2004-113621-8000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/night Phone #