

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90072 037 ****61.25

DOCUMENT # N00000007543

1. Entity Name
**INTERNATIONAL HURRICANE PROTECTION
ASSOCIATION, INC.**



Principal Place of Business
**C/O PROPERTY MANAGEMENT
2501 FLORAL ROAD
LANTANA, FL 33462 US**

Mailing Address
**C/O PROPERTY MANAGEMENT
2501 FLORAL ROAD
LANTANA, FL 33462**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162008 Chg-NP CR2E037 (12/06)

4. FEI Number
22-3771742

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MANN, GREGORY S
1590 NW 27TH AVE
#9
POMPANO BEACH, FL 33069**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P/D	FEELEY, BILL	4268 WEST ROADS DRIVE	WEST PALM BEACH, FL 33407	<input type="checkbox"/>
V/D	JOHNSTON, TOM	400 W. MCNAB ROAD	FT. LAUDERDALE, FL 33309	<input type="checkbox"/>
T/D	MANN, GREGORY	1590 NW 27TH AVE., #9	POMPANO BEACH, FL 33069	<input type="checkbox"/>
D	MILLER, STEVE	1661 GLENLAKE AVE	ITASCA, IL 60143	<input type="checkbox"/>
D	SPINDEL, BILL	5715 PINKNEY AVENUE	SARASOTA, FL 34233	<input type="checkbox"/>
D	KNEZEUCH, JOHN	330 N ANDREWS AVE #450	FORT LAUDERDALE, FL 33301	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	Scott Huntz	6643 42nd Terrace	West Palm Beach, FL 33407	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Dave Olmstead	1070 Technology Dr	North Venice FL 34275	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Adrian Lemon	1091 Dairndre Dr	Rushin, FL 33570	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Gene Enyart	1801 NW 1st Ave	Boca Raton, FL 33432	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Darius Grimes	9570 Regency Square Blvd #410	Jacksonville FL 32225	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Frank Bernarndo	160 SW 12 Ave #106	Deerfield Beach FL 33442	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-08 9544448756