

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90223 038 ****61.25

DOCUMENT # N01000000081

1. Entity Name

**HOPKINS CROSSING PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business

**1601 BELVEDERE ROAD
STE 407 SOUTH
WEST PALM BEACH FL 33406**

Mailing Address

**1601 BELVEDERE ROAD
STE 407 SOUTH
WEST PALM BEACH FL 33406**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number
20-2529110

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

**MAPES, PAUL
1601 BELVEDERE ROAD
STE 407 SOUTH
WEST PALM BEACH FL 33406**

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 \$61.25
Due By May 1, 2006**

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 PD ☐ Delete
NAME ASARCH, GAIL
STREET ADDRESS 1601 BELVEDERE ROAD, STE. 407 SOUTH
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME STRAUSS, RICHARD
STREET ADDRESS 255 RALSTOM AVENUE
CITY-ST-ZIP MILL VALLEY CA 94941

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2800 Broadway Blvd
CITY-ST-ZIP Bloomfield Hills, MI 48301

TITLE SD ☐ Delete
NAME NICKLES, ROBIN
STREET ADDRESS C/O LOWES HOME CENTER, HWY 268 E. EASTDOCK
CITY-ST-ZIP NORTH WILKESBORO NC 28659

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME MAPLES, PAUL
STREET ADDRESS 1601 BELVEDERE ROAD, STE 407 SOUTH
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE ☒ Change ☐ Addition
NAME Mapes, Paul
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Gail Asarch

4/25/06

501-689-6601