
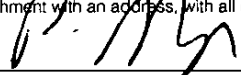


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90250 013 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-2529110	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAPES, PAUL 1601 BELVEDERE ROAD STE 407 SOUTH WEST PALM BEACH, FL 33406			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 D <input type="checkbox"/> Delete NAME ASARCH, GAIL STREET ADDRESS 1601 BELVEDERE ROAD, STE. 407 SOUTH CITY-ST-ZIP WEST PALM BEACH, FL 33406	TITLE P ASARCH, GAIL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME 1601 Belvedere Rd #407 S STREET ADDRESS West Palm Beach, FL 33406 CITY-ST-ZIP				
TITLE VD <input type="checkbox"/> Delete NAME STRAUSS, RICHARD STREET ADDRESS 2800 BRADWAY BLVD CITY-ST-ZIP BLOOMFIELD HILLS, MI 48301	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE SD <input type="checkbox"/> Delete NAME NICKLES, ROBIN STREET ADDRESS C/O LOWES HOME CENTER, HWY 268 E. EASTDOCK CITY-ST-ZIP NORTH WILKESBORO, NC 28659	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE D <input type="checkbox"/> Delete NAME MAPES, PAUL STREET ADDRESS 1601 BELVEDERE ROAD, STE 407 SOUTH CITY-ST-ZIP WEST PALM BEACH, FL 33406	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 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 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: 		Date: 4/29/08 Daytime Phone #: 561-689-6607			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					