

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000008982

1. Entity Name
**PHILLIPS PLAZA PROPERTY OWNERS ASSOCIATION,
INC.**



Principal Place of Business
**1877 WEST HILLSBORO BOULEVARD
DEERFIELD BEACH, FL 33442**

Mailing Address
**1877 WEST HILLSBORO BOULEVARD
DEERFIELD BEACH, FL 33442**



01052008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4167728

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HANDIN, GARY I
3111 UNIVERSITY DRIVE
SUITE 605
CORAL SPRINGS, FL 33065**

**DO NOT WRITE
IN THIS SPACE**

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

U000000337240
03/04/08-80048-015 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
PHILLIPS, HENRIETTA
1877 WEST HILLSBORO BOULEVARD
DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
PHILLIPS, JAN R
1877 WEST HILLSBORO BOULEVARD
DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HANDIN, GARY I
3111 UNIVERSITY DRIVE #605
CORAL SPRINGS, FL 33065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Henrietta Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08
Date

Daytime Phone #

954 9495
480