

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90001 050 ****61.25

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03022007 Chg-NP CR2E037 (12/06)

DOCUMENT # N06000005653 1. Entity Name HEMINGWAY ESTATES PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 2875 JUPITER PARK DRIVE, SUITE 600 JUPITER, FL 33458		Mailing Address 2875 JUPITER PARK DRIVE, SUITE 600 JUPITER, FL 33458	
2. Principal Place of Business - No P.O. Box # 630 US HWY 1 Suite, Apt. #, etc. 201		3. Mailing Address 630 US HWY 1 Suite, Apt. #, etc. 201	
City & State NORTH PALM BEACH, FL Zip 33408		City & State NORTH PALM BEACH, FL Zip 33408	
Country US		Country US	
4. FEI Number 06-17882412		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RHOTEN, III, DAVID L 2875 JUPITER PARK DRIVE, SUITE 600 JUPITER, FL 33458		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 630 US HWY 1 #201 City NORTH PALM BEACH FL Zip Code 33408	
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, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	DP RHOTEN, DAVID 2875 JUPITER PARK DRIVE, SUITE 600 JUPITER, FL 33458	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CAPANO, JR., LOUIS J 2875 JUPITER PARK DRIVE, SUITE 600 JUPITER, FL 33458	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MANTOVANI, KENNETH J 2875 JUPITER PARK DRIVE, SUITE 600 JUPITER, FL 33458	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	630 US HWY 1 #201 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	630 US HWY 1 #201 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	630 US HWY 1 #201 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		_____ <small>Date Daytime Phone #</small>	