

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90020 019 ****61.25

DOCUMENT # N06000005653 1. Entity Name HEMINGWAY ESTATES PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 1436 10TH CT LAKE PARK, FL 33403		Mailing Address 1436 10TH CT LAKE PARK, FL 33403	
2. Principal Place of Business - No P.O. Box # 1436 10TH CT		3. Mailing Address 1436 10TH CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAKE PARK, FL		City & State LAKE PARK, FL	
Zip 33403		Zip 33403	
Country US		Country US	
4. FEI Number 06-1788242		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 630 US HWY 1 201 NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name RHOTEN, III, DAVID L Street Address (P.O. Box Number is Not Acceptable) 1434 10TH CT City LAKE PARK FL Zip Code 33403	
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 KENNETH MANTOVANI DATE 1-10-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 NAME STREET ADDRESS CITY-ST-ZIP	DP RHOTEN, DAVID 630 US HWY. 1, 201 NORTH PALM BEACH, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RHOTEN, DAVID 1434 10TH CT LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CAPANO, JR., LOUIS J 630 US HWY. 1, 201 NORTH PALM BEACH, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CAPANO, JR., LOUIS J 1434 10TH CT LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MANTOVANI, KENNETH J 630 US HWY. 1, 201 NORTH PALM BEACH, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MANTOVANI, KENNETH J. 1434 10TH CT LAKE PARK, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: KENNETH MANTOVANI		Date 1-10-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	