

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90053 002 \*\*\*\*61.25

**DOCUMENT # N95000001148**

1. Entity Name  
**THE PHIPPS ESTATES HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**202 PHIPPS ESTATES RD  
PALM BEACH, FL 33480**

Mailing Address  
**223 SUNSET AVE STE 110  
PALM BEACH, FL 33480**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03282008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0684355**

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

**LIST, MARTIN A  
223 SUNSET AVE STE 110  
PALM BEACH, FL 33480**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	STEIN, MICHAEL	
STREET ADDRESS	227 VIA TORTUGA	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHOTT, LEWIS	
STREET ADDRESS	226 VIA LAS BRISAS	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSON, CHARLES	
STREET ADDRESS	231 VIA LAS BRISAS	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNS, BRIAN	
STREET ADDRESS	217 VIA TORTUGA	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	DST	<input type="checkbox"/> Delete
NAME	TIEFEL, WILLIAM	
STREET ADDRESS	236 VIA VAS BRISAS	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #