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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N98000001184

1. Corporation Name

HURRICANE PROTECTION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

450 W. McNab Road
 Ft. Lauderdale, FL 33309

450 W. McNab Road
 Ft. Lauderdale, FL 33309

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 1401 E. Broward Blvd.
 Suite, Apt. #, etc.

February 27, 1998

22 City & State

27 206
 City & State

4. FEI Number
 Applied for

Applied For
 Not Applicable

23 Zip Country

28 Ft. Lauderdale, FL

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip Country

29 33301 30

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jeffrey B. Smith
 1401 E. Broward Blvd., #206
 Ft. Lauderdale, FL 33301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

1.1 TITLE D ☐ Change ☒ Addition
 1.2 NAME LeRoy A. Peterson
 1.3 STREET ADDRESS 450 W. McNab Rd.
 1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

2.1 TITLE D ☐ Change ☒ Addition
 2.2 NAME Andrea Croci
 2.3 STREET ADDRESS 450 W. McNab Rd.
 2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE D ☐ Change ☒ Addition
 3.2 NAME Alfred W. Roettger
 3.3 STREET ADDRESS 450 W. McNab Rd.
 3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition
 4.2 NAME Ray Kellems
 4.3 STREET ADDRESS 450 W. McNab Rd.
 4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

 LeRoy Peterson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99
 Date

954-474-3320
 Daytime Phone #

CR2E037 (11/98)