

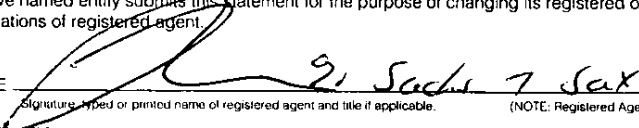
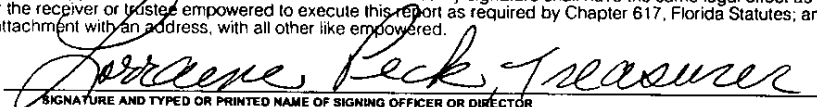


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90337 027 ****61.25

DOCUMENT # N98000001804 1. Entity Name HYPOLUXO HARBOR CLUB HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business ASSOCIATED PROPERTY MGMT. 1928 LAKE WORTH RD. LAKE WORTH, FL 33461 US			Mailing Address ASSOCIATED PROPERTY MGMT. 1928 LAKE WORTH RD. LAKE WORTH, FL 33461 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 65-0825076				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 ASSOCIATED PROPERTY MGMT. 1928 LAKE WORTH RD. LAKE WORTH, FL 33461			7. Name and Address of New Registered Agent Name LOW'S CAPLAN, Esq. Street Address (P.O. Box Number is Not Acceptable) SACHS & SACHS 301 YAMATO ROAD, Suite 4150 City BOCA RATON FL Zip Code 33431		
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  G. Sachs & Sachs DATE 4/1/08 <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	PD MCCULLOUGH, BOB 26 CRK LN MOUNT HOLLY, NJ 08060	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COUVIER, JOANNE 4049 Mission Bell DR. BOYNTON BEACH, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NIX, BUD 25763 HILLTOP RD INGLESIDE, IL 60041	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALEXANDER, NANCY 4106 MOCKINGBIRD DR. BOYNTON BEACH, FL 33436	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCGINNESS, JOHN 4 N LOAFING ST HYPOLUXO, FL 33462	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FINGER, ELLEN 2104 SW PARK DR. WEST PALM BEACH, FL 33426	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PECK, LORRAINE 11 S LOAFING ST HYPOLUXO, FL 33462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALERMO, FRED 217 BAY RD. OCEAN CITY, NJ 08226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEARNS, NANCY 69 RELAXED CIR HYPOLUXO, FL 33462	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERSTNER, TOM 811 LAKESIDE PL. LANTANA, FL 33462	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAIN, HAROLD 13 N LOAFING ST HYPOLUXO, FL 33462	<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:  Lorraine Peck, Treasurer 04/09/2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					