

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000117195

1. Entity Name
HRP OWNERS CORP.



Principal Place of Business
C/O FINE HOTELS CORP.
ONE WASHINGTON STREET
WELLESLEY, MA 02481

Mailing Address
C/O FINE HOTELS CORP.
ONE WASHINGTON STREET
WELLESLEY, MA 02481



07102006 No Chg-P CR2E034 (11/05)

4. FEI Number
06-1603032

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

G & L AGENT SERVICES, INC.
390 NORTH ORANGE AVENUE, STE 600
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FINEBERG, GERALD S
STREET ADDRESS ONE WASHINGTON STREET
CITY-ST-ZIP WELLESLEY, MA 02481

TITLE TD
NAME DONOVAN, JOSEPH A
STREET ADDRESS ONE WASHINGTON STREET
CITY-ST-ZIP WELLESLEY, MA 02481

TITLE SD
NAME FRANK, DANIEL
STREET ADDRESS ONE WASHINGTON STREET
CITY-ST-ZIP WELLESLEY, MA 02481

TITLE ASD
NAME CHESNICK, LYDIA G
STREET ADDRESS 125 SUMMER STREET
CITY-ST-ZIP BOSTON, MA 02110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000571814
07/25/06-80002-020 158.75

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

Gerald S. Fineberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-06

Date

Daytime Phone #