FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000042105 (4)**

1. Corporation Name
HUNTING VALLEY FARM DEVELOPERS CORP.

Principal Place of Business	Mailing Address
5689 WAR ADMIRAL ROAD PALM BEACH GARDENS FL 33418	5689 WAR ADMIRAL ROAD PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/24/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 505 Oak Shadow way	26 505 Oak Shadow way
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 Wellington, Florida	City & State 28 Wellington, Florida
Zip / Country 24 33414 / 25 USA	Zip / Country 29 33414 / 30 USA

4. FEI Number: 65-0517385 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GORDON, MICHAEL D ESQ. 1601 BELVEDERE ROAD SUITE 402 W. PALM BEACH FL 33406	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	HARPMAN, JONATHAN A	12 NAME		
STREET ADDRESS	5689 WAR ADMIRAL ROAD	13 STREET ADDRESS	505 Oak Shadow way	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	14 CITY-ST-ZIP	Wellington, Florida 33414	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	HARPMAN, THERESAN M	22 NAME		
STREET ADDRESS	5689 WAR ADMIRAL ROAD	23 STREET ADDRESS	505 Oak Shadow way	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	24 CITY-ST-ZIP	Wellington, Florida 33414	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	LAP, PERRY E	32 NAME		
STREET ADDRESS	111 ALLEN AIA	33 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jonathan A. Harpman Director 4-23/95 407791-8707
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0284212 CP