

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000082235

Entity Name: HOPKINS CROSSING, INC.

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

1601 BELVEDERE ROAD
SUITE 407-S
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

1601 BELVEDERE ROAD
SUITE 407-S
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 65-0788800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAPES, PAUL
1601 BELVEDERE ROAD
SUITE 407-S
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ASARCH, GAIL
Address: 1601 BELVEDERE ROAD #407-S
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D () Delete
Name: STRAUSS, CYNDEE D
Address: 5775 PEACHTREE DUNWOODY RD., STE 200
City-St-Zip: ATLANTA, GA 30342

Title: VPTD () Delete
Name: STRAUSS, RICHARD K
Address: 2500 BRADWAY BLVD
City-St-Zip: BLOOMFIELD HILLS, MI 48301

Title: D () Delete
Name: MAPES, PAUL
Address: 1601 BELVEDERE ROAD #407-S
City-St-Zip: WEST PALM BEACH, FL 33406

Title: P (X) Delete
Name: ASARCH, GAIL
Address: 1601 BELVEDERE RD #407 S
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ASARCH, GAIL
Address: 1601 BELVEDERE ROAD #407-S
City-St-Zip: WEST PALM BEACH, FL 33406

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL ASARCH

DP

04/08/2009

Electronic Signature of Signing Officer or Director

Date