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Jul 21, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V62098 ✓

1. Corporation Name

HPA PROPERTIES CORPORATION

Principal Place of Business

435 W. MAIN STREET
SUITE 230
ASPEN CO 81611
US

Mailing Address

CURT SANDERS
201 N. MILLS ST., STE. 201
ASPEN CO 81611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/04/1992

4. FEI Number

65-0376443

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 435 East Main Street

Suite, Apt. #, etc.

22

City & State

23 Aspen, Colorado

Zip

24 81611

Country

25 U.S.A.

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

SHAPIRO, ROBERT L
2401 PGA BLVD., STE. 272
PALM BEACH GARDENS FL 33410-3515

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTS ☐ DELETE

NAME HAISFIELD, AUDREY LEA

STREET ADDRESS 435 WEST MAIN STREET

CITY-ST-ZIP ASPEN CO 81611

TITLE V ☐ DELETE

NAME HAISFIELD, RICHARD

STREET ADDRESS 435 WEST MAIN STREET

CITY-ST-ZIP ASPEN CO 81611

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres., Sec., Treas. ☒ Change ☐ Addition

1.2 NAME Haisfield, Audrey LEa

1.3 STREET ADDRESS 435 East Main Street

1.4 CITY-ST-ZIP Aspen, CO 81611

2.1 TITLE Vice President ☒ Change ☐ Addition

2.2 NAME Haisfield, Audrey

2.3 STREET ADDRESS 435 East Main Street

2.4 CITY-ST-ZIP Aspen, CO 81611

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 607, 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:

Audrey Le Haisfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0650538