

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000082235

**Entity Name:** HOPKINS CROSSING, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 65-0788800

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title DP  
Name ASARCH, GAIL  
Address 1601 BELVEDERE ROAD #407-S  
City-State-Zip: WEST PALM BEACH FL 33406

Title VPTD  
Name STRAUSS, RICHARD K  
Address 2500 BRADWAY BLVD  
City-State-Zip: BLOOMFIELD HILLS MI 48301

Title D  
Name STRAUSS, CYNDEE D  
Address 5775 PEACHTREE DUNWOODY RD.,  
STE 200  
City-State-Zip: ATLANTA GA 30342  
  
Title D  
Name MAPES, PAUL  
Address 1601 BELVEDERE ROAD #407-S  
City-State-Zip: WEST PALM BEACH FL 33406

*I hereby 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 all other like empowered.*

**SIGNATURE:** GAIL ASARCH , PRESIDENT

**PRESIDENT**

**03/17/2014**

Electronic Signature of Signing Officer/Director Detail

Date