

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90165 014 ****61.25



DOCUMENT # 722694

1. Entity Name

HOBE SOUND YACHT CLUB

Principal Place of Business

280 S. BEACH RD.
 HOBE SOUND FL 33455

Mailing Address

280 S. BEACH RD.
 HOBE SOUND FL 33455

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0756893

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



1st MOORE

CR2E037 (10/04)

6. Name and Address of Current Registered Agent

HENNESSY, BENJAMIN D
 280 S. BEACH RD.
 HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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! FEES \$61.25
Due By: May 1, 2005

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ORDWAY, JOHN G	
STREET ADDRESS	77 SOUTH BEACH ROAD	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, F. MORGAN	
STREET ADDRESS	215 SOUTH BEACH RD	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRISP, PETER O	
STREET ADDRESS	20 RIVERVIEW RD	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Boothby, Willard S.	
STREET ADDRESS	107 Bassett Creek Trail	
CITY-ST-ZIP	Hobe Sound FL 33455	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 617, 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: *F Morgan Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

F. Morgan Taylor, 712-546-5116
 Commodore

Date *2-20-05* Daytime Phone #