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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 740290

1. Corporation Name  
**THE HARBOUR AT HOBE SOUND HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
9115 SE YACHT CLUB CIRCLE 9115 SE YACHT CLUB CIRCLE  
HOBE SOUND FL 33455-3206 HOBE SOUND FL 33455-3206  
US US

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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21	2. Principal Place of Business	2a	Mailing Address	3	Date Incorporated or Qualified	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/30/1977	
22	City & State	27	City & State	4	FEI Number	Applied For
	Zip		Zip		69-1909536	Not Applicable
23	Country	28	Country	5	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	Country	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROSS, DEBORAH L ESO % WACKEEN, CORNETT, GOUGE & ROSS, P.A. 401 E. OSCEOLA STREET STUART FL 34994		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SCHILKE, DAVID	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD
STREET ADDRESS	10708 DOCK CT		1.2 NAME JEANNE W. VETTER
CITY-ST-ZIP	HOBE SOUND FL 33455		1.3 STREET ADDRESS 9307 S.E. MAST TERR.
TITLE	VPD HAMPP, JOHN	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP HOBE SOUND..FL. 33455
STREET ADDRESS	10881 HOWSER CT		2.1 TITLE VPD
CITY-ST-ZIP	HOBE SOUND FL 33455		2.2 NAME DAVID SCHILKE
TITLE	SD ANDERSEN, ENJAR	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS 10708 DOCK CT.
STREET ADDRESS	9173 YACHT CLUB CIRCLE		2.4 CITY-ST-ZIP HOBE SOUND..FL 33455
CITY-ST-ZIP	HOBE SOUND FL 33455		3.1 TITLE (same)
TITLE	TD HERMANSEN, TERESA	<input checked="" type="checkbox"/> DELETE	3.2 NAME
STREET ADDRESS	9182 SE YARDARM TERR		3.3 STREET ADDRESS
CITY-ST-ZIP	HOBE SOUND FL 33455		3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE TD
STREET ADDRESS			4.2 NAME Ruth Vetter
CITY-ST-ZIP			4.3 STREET ADDRESS 9222 S.E. YARDARM TERR.
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP HOBE SOUND..FL-33455
STREET ADDRESS			8.1 TITLE
CITY-ST-ZIP			8.2 NAME
TITLE		<input type="checkbox"/> DELETE	8.3 STREET ADDRESS
STREET ADDRESS			8.4 CITY-ST-ZIP
CITY-ST-ZIP			9.1 TITLE
			9.2 NAME
			9.3 STREET ADDRESS
			9.4 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 617, 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: \_\_\_\_\_ SIGNATURE REQUIRED V. P. Vetter 4/22/99 546-6740  
Signature and typed or printed name of signing officer or director Date

CR25037 (1/98)