

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**  
 03-03-2000 90241 016 \*\*\*\*61.25

**DOCUMENT # 740290**

1. Entity Name  
**THE HARBOUR AT HOBE SOUND HOME OWNERS ASSOCIATIO**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	<b>401 E. Osceola Street</b>
City & State	<b>First Floor, River Oak Center</b>
Zip	<b>Stuart, Florida 34994</b>
Country	<b>US</b>

4. FEI Number	Applied For
<b>59-1909536</b>	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ROSS, DEBORAH L ESQ**  
~~WACKEN, CORNETT, GOOGE & ROSS, P.A.~~  
**401 E. OSCEOLA STREET**  
**STUART FL 34994**

7. Name and Address of New Registered Agent

Name	<b>Deborah L. Ross, Esq.</b>
Street	<b>Cornett, Googe, Ross &amp; Earle, P.A.</b>
	<b>401 E. Osceola Street</b>
City	<b>Stuart, FL 34994</b>
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.

SIGNATURE: **Esq.** **2/24/00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW:</b> <b>FEES IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>WEATHERSBY, JEANNE</b>	
STREET ADDRESS	<b>9307 S.E. MAST TERRACE</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>SCHILKE, DAVID</b>	
STREET ADDRESS	<b>10700 DOCK COURT</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSEN, ENIAR</b>	
STREET ADDRESS	<b>9173 YACHT CLUB CIRCLE</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>VETTER, KARL</b>	
STREET ADDRESS	<b>9222 S.E. YARDARM TERRACE</b>	
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>	
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 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		
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: **SCHILKE, DAVID VPD** **2/21/00** **561-546-6740**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)