

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90125 024 \*\*\*\*61.25

**DOCUMENT # 740290**

1. Entity Name

**THE HARBOUR AT HOBE SOUND HOME OWNERS ASSOCIATIO  
 N, INC.**

Principal Place of Business <b>9115 SE YACHT CLUB CIRCLE          HOBE SOUND FL 33455-3206          US</b>	Mailing Address <b>401 E OSCEOLA ST          1ST FLOOR RIVER OAK CENTER          STUART FL 34994          US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**ROSS, DEBORAH L ESQ  
 CORNETT, GOOGE, ROSS & EARLE PA  
 401 E. OSCEOLA STREET  
 STUART FL 34994**

**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.

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

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HAMPP, JOHN</b> <input checked="" type="checkbox"/> Delete <b>10661 SE HOWSER CT HOBE SOUND FL 33455</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD SCHILKE, DAVID</b> <input type="checkbox"/> Delete <b>10700 DOCK COURT HOBE SOUND FL 33455</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD GREEN, FRED</b> <input checked="" type="checkbox"/> Delete <b>1300 AIA SE OCEANWAY JUPITER FL 33477</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD VETTER, KARL</b> <input type="checkbox"/> Delete <b>9222 S.E. YARDARM TERRACE HOBE SOUND FL 33455</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PHILIP KEMP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10708 SE FLOTILLA CT HOBE SOUND FL 33455</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD JULIE HANSEN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9342 SE YARDARM TERR HOBE SOUND FL 33455</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 to an address, with all other like provisions.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/24/02** **561-546-6740**  
Date Daytime Phone #

CR2E037 (9/01)