


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90048 031 ****61.25

DOCUMENT # 740290					
1. Entity Name THE HARBOUR AT HOBE SOUND HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 9115 SE YACHT CLUB CIRCLE HOBE SOUND, FL 33455-3206 US			Mailing Address 401 E OSCEOLA ST 1ST FLOOR RIVER OAK CENTER STUART, FL 34994 US		
2. Principal Place of Business 9105 SE Yacht Clubs Cir.		3. Mailing Address 759 S. Federal Hwy			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste 212			
City & State Hobe Sound FL		City & State Stuart FL		4. FEI Number 59-1909536	
Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33455		Country USA		Zip 34994	
Country USA		Country USA			
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 Same Street Address (P.O. Box Number is not acceptable) Ross, Earle & Sonon P.A. 759 S. Federal Hwy Ste 212 City & State Stuart, FL Zip Code 34994		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHILKE, DAVID	NAME			
STREET ADDRESS	10700 DOCK COURT	STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND, FL 33455	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE			
NAME	VETTER, KARL	NAME			
STREET ADDRESS	9222 S.E. YARDARM TERRACE	STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND, FL 33455	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KONIGSEDER, JEANNE	NAME			
STREET ADDRESS	10808 SE GALLEY CT	STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND, FL 33455	CITY-ST-ZIP			
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE			
NAME	ANDERSON, EINAR "ANDY"	NAME			
STREET ADDRESS	9170 SE YACHT CLUB CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND, FL 33455	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME	Wendy Trimarche	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	9287 SE Mast Ter		
CITY-ST-ZIP		CITY-ST-ZIP	Hobe Sound FL 33455		
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Jeanne Konigseder</i>			Date: <i>1/22/04</i>		Daytime Phone #: <i>772-898545-1424</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					