


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90057 015 ****61.25

DOCUMENT # 740290			
1. Entity Name THE HARBOUR AT HOBE SOUND HOME OWNERS ASSOCIATION, INC.			
Principal Place of Business 9105 SE YACHT CLUB CIR HOBE SOUND, FL 33455 US		Mailing Address 759 S FEDERAL HWY STE 212 STUART, FL 34994 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01082005		Chg-NP	CR2E037 (10/03)
4. FEI Number 59-1909536		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROSS, DEBORAH L ESQ ROSS, EARLE & BONAN PA 759 S FEDERAL HWY STUART, FL 34994		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 _____ 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, 2005		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	VP <input type="checkbox"/> Delete	TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VETTER, KARL	NAME	
STREET ADDRESS	9222 S.E. YARDARM TERRACE	STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND, FL 33455	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input 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 type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIMARCHE, WENDY	NAME	S. Winifred Woodward
STREET ADDRESS	9287 SE MAST TER	STREET ADDRESS	10661 SE Hawser Ct
CITY-ST-ZIP	HOBE SOUND, FL 33455	CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D Leo Arbezwick
STREET ADDRESS		STREET ADDRESS	9010 SE Yacht Club Cir
CITY-ST-ZIP		CITY-ST-ZIP	Hobe Sound, FL 33455
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D Andy Andersen
STREET ADDRESS		STREET ADDRESS	9170 SE Yacht Club Cir
CITY-ST-ZIP		CITY-ST-ZIP	Hobe Sound, FL 33455
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>Jeane Konigseder</i>		2/21/05 - 772-545-1424 <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Jeane Konigseder			