FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT · 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 10 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757743

1. Corporation Name
HOBE VILLAGE M.H.O. ASSOC.
11411 SE FED. HWY.
HOBE SOUND, FL. 33455

Principal Place of Business	Mailing Address
SAME	P.O. BOX 8081 HOBE SOUND, FL. 33475

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4-27-81
3a. Date of Last Report: 7 FEB. 1994
4. FEI Number: 59 2074759 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 HOBE VILLAGE M.H. PARK	26 P.O. BOX 8081
Suite, Apt. #, etc. 22 11411 SE. FED. HWY.	Suite, Apt. #, etc. 27
City & State 23 HOBE SOUND, FL.	City & State 28 HOBE SOUND, FL.
Zip / Country 24 33455 / 25 MARTIN	Zip / Country 29 33475 / 30 MARTIN

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PAUL H. ROBINSON P.O. BOX 8101 HOBE SOUND, FL. 33475	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 11411 SE FED. HWY LOT 6 83 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST/D ANDREA BAYLESS 11411 SE FED. HWY. LOT-23 HOBE SOUND FL 33455	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition D CONNIE KELLEY 11411 SE FED HWY LOT-19 HOBE SOUND FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D PAUL H. ROBINSON 11411 SE FED HWY LOT-6 HOBE SOUND FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition D PAUL DEEM SAME AS ABOVE LOT-28
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHARLES KELLEY SAME AS ABVE LOT-5	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 500001428085 -03/13/95--01052--013 ****130.00 ****130.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DON GRAHAM SAME LOT-22	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 500001428085 -03/13/95--01052--014 ******8.75 ******8.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BILL FAULKNER SAME LOT-98	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D ROBERT ATER SAME LOT-40	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 6 MAR. 95 407-546-0736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PAUL H. ROBINSON