

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-23-2000 90030 019 ****70.00

DOCUMENT # 757743

1. Entity Name

HOBE VILLAGE MOBILE HOME OWNERS ASSOC., INC. *R*

Principal Place of Business

Mailing Address

CLUB HOUSE
11411 SE FEDERAL HWY.
HOBE SOUND FL 33455
US

P.O. BOX 8101
HOBE SOUND FL 33475-8101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2074759

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, P.H.
11411 S.E. FEDERAL HWY #6
HOBE SOUND FL 33455

Name *Charles A Kelley*
 Street Address (P.O. Box Number is Not Acceptable)
11411 SE Fed Hwy #5

City *Hobe Sound* **FL** Zip Code *33455*

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 *Charles A Kelley* *Charles A Kelly* *8/19/2000*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT <input checked="" type="checkbox"/> Delete
NAME	ROBINSON, PAUL H.
STREET ADDRESS	11411 SE FEDERAL HWY #6
CITY-ST-ZIP	HOBE SOUND FL
TITLE	P TOYE <input type="checkbox"/> Delete
NAME	TOYE, MANUEL
STREET ADDRESS	11411 S.E. FED. HWY #101
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	D <input type="checkbox"/> Delete
NAME	MARCEL, LEON
STREET ADDRESS	11411 SE FEDERAL HWY #45
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	NELSON, MARIE
STREET ADDRESS	11411 SE FED HWY #45
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	KELLEY, CHARLES
STREET ADDRESS	11411 S.E. FED. HWY., #5
CITY-ST-ZIP	HOBE SOUND FL
TITLE	D <input type="checkbox"/> Delete
NAME	WILSON, LILA
STREET ADDRESS	11411 S.E. FED. HWY #102
CITY-ST-ZIP	HOBE SOUND FL

TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY CHARLES
STREET ADDRESS	11411 S.E. FED. HWY #5
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT ATER
STREET ADDRESS	11411 SE FED. HWY #59
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN LOMBARDI
STREET ADDRESS	11411 S.E. FED. HWY #1
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL MARTIN
STREET ADDRESS	11411 S.E. FED. HWY #19
CITY-ST-ZIP	HOBE SOUND, FL 33455
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: *Tove M. Manuele* *Manuele* *1/18-2000* *561-545-7324*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR21 (07/19/99)