

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90001 050 ****70.00

DOCUMENT # N11849

1. Entity Name

HOBE SOUND FINE ARTS LEAGUE, INC.



Principal Place of Business

8937 SW BRIDGE RD
HOBE SOUND FL 33455
US

Mailing Address

P.O. BOX 993
FLORIA FL 33475
US

2. Principal Place of Business

8937 SW Bridge Rd
Suite, Apt. #, etc.
(Note change)

3. Mailing Address

P.O. Box 993
Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State

Hobe Sound FL 33455
Zip 33455 Country USA

City & State

Hobe Sound FL 33475
Zip 33475 Country USA

4. FEI Number

59-2391631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL, PALMA
8501 SE ROYAL STREET
HOBE SOUND FL 33455

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

Palma Spiegel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/21/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
NAME SPIEGEL, PALMA
STREET ADDRESS 8501 SE ROYAL STREET
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
NAME SCHAPIRO, CONNIE
STREET ADDRESS 6236 SE AMES WAY
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME LOTUFO, ANGELA
STREET ADDRESS 6323 SE AMES WAY
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME GILYOM, BETTE
STREET ADDRESS 129 OCEAN COVE DRIVE
CITY-ST-ZIP JUPITER FL 33477 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 with an address, with all other like empowered.

SIGNATURE:

Palma Spiegel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/04

Date

546-2946

Daytime Phone #



Attachment
Dr. N11849
54055530

P.O. Box 993, Hobe Sound, Florida 33475

May 13 2004

Fl. Dept of State
(Annual Report)

I am enclosing check for \$2263
the following:

61.25 file fee
8.75 Certificate of Status Desired
70.00

FEI # 59 239 16 31

Document N-11849

2004 Not for Profit Corp. Annual
Report

Palma Spizel, President

Angela Lo Lupo

Treasurer