NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2005 8:00 am
Secretary of State
06-06-2005 90005 004 ****61.25

DOCUMENT # N11849

1. Entity Name
Hobe Sound Fine Arts League Inc

400087245

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8979 SE Bridge Rd	P.O. Box 993
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Hobe Sound	Hobe Sound
City & State	City & State
FL	FL
Zip / Country	Zip / Country
33455 / USA	33475 / USA

DO NOT WRITE IN THIS SPACE

4. FEI Number N/A — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Spiegel, Palma
Street Address (P.O. Box Number is Not Acceptable): 8501 SE Royal St.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Mary I. Martinello Mary I. Martinello Treasurer — DATE: 6/3/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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

TITLE	PD	TITLE	
NAME	LoTufo, Angelo	NAME	
STREET ADDRESS	6323 SE Ames Way	STREET ADDRESS	
CITY-ST-ZIP	Hobe Sound FL 33455	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	Schapiro, Connie	NAME	
STREET ADDRESS	6236 SE Ames Way	STREET ADDRESS	
CITY-ST-ZIP	Hobe Sound 33455	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	Klosek, Joseph	NAME	
STREET ADDRESS	8188 SE Villa Way	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Hobe Sound 33455	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	Martinello, Mary	NAME	**IN THIS SPACE**
STREET ADDRESS	12698 SE Cascades Cir.	STREET ADDRESS	
CITY-ST-ZIP	Hobe Sound 33455	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	Gillcrn, Bette	NAME	
STREET ADDRESS	129 Ocean Core Dr.	STREET ADDRESS	
CITY-ST-ZIP	Jupiter FL. 33477	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mary I. Martinello Mary I. Martinello — 6/3/05