

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90259 041 ****61.25

60035910



DOCUMENT # N11849 1. Entity Name HOBE SOUND FINE ARTS LEAGUE, INC.					
Principal Place of Business 8979 SE BRIDGE RD HOBE SOUND, FL 33455 US			Mailing Address P.O. BOX 993 HOBE SOUND, FL 33475 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent SPIEGEL, PALMA 8501 SE ROYAL STREET HOBE SOUND, FL 33455				7. Name and Address of New Registered Agent Name <u>ANGELA LOTUFO</u> Street Address (P.O. Box Number is Not Acceptable) <u>6323 SE AMES WAY</u> City <u>HOBE SOUND</u> FL Zip Code <u>33455</u>	
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 <u>Angela M. Lotufo</u> DATE <u>4/25/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	VD KLOSEK, JOSEPH 8188 SE VILLA WAY HOBE SOUND, FL 33455		TITLE NAME STREET ADDRESS CITY-ST-ZIP	YD MARILYN BENNER 2666 SW 10TH PLACE STUART FL 34997	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHAPIRO, CONNIE 6236 SE AMES WAY HOBE SOUND, FL 33455		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOTUFO, ANGELA 6323 SE AMES WAY HOBE SOUND, FL 33455		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILYOM, BETTE 129 OCEAN COVE DRIVE JUPITER, FL 33477		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARGARET GRALEWSKI 2929 SE OCEAN BLVD, #123-8 STUART FL 34996	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILLIONE, BETTE 129 OCEAN CORE DRIVE JUPITER, FL 33477		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARY MARTINELLO 12698 SE CASCADES CRT. HOBE SOUND FL 33455	
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 exemptions contained in Chapter 119, 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: <u>Mary Martinello</u> <u>MARY MARTINELLO</u> <u>4/26/06</u> <u>772-545-3908</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					