2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 91182 025 ****61.25

DOCUMENT # N11849

1. Entity Name
HOBE SOUND FINE ARTS LEAGUE, INC.

20031174

Principal Place of Business	Mailing Address
8937 SW BRIDGE RD HOBE SOUND FL 33455 US	P.O. BOX 993 FLORIA FL 33475 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	P.O. Box 993
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: HOBE SOUND, FL.
Zip / Country	Zip: 33475 / Country: US

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
MARTINELLO, MARY 12698 S.E. CASCADES COURT HOBE SOUND FL 33455	Name: SPIEGEL, PALMA Street Address (P.O. Box Number is Not Acceptable): 8501 SE ROYAL ST. City: HOBE SOUND, FL. 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: Palma Spiegel PALMA SPIEGEL 4/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARTINELLO, MARY 12698 SE CASCADES COURT HOBE SOUND FL 33455	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SPIEGEL, PALMA 8501 SE ROYAL ST. HOBE SOUND, FL. 33455	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DUE, JOHN 8361 SE PILOTS COVE TERRACE HOBE SOUND FL 33455	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHAPIRO, CONNIE 6236 SE AMES WAY HOBE SOUND, FL. 33455	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LOTUFO, ANGELA 6323 SE AMES WAY HOBE SOUND FL 33455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHAPIRO, CONNIE 6236 SE AMES WAY HOBE SOUND FL 33455	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GILLOM, BETTE 129 Ocean Cove Dr. JUPITER, FL. 33477	☑ 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

CR2E037 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Palma Spiegel REQUIRED PALMA SPIEGEL 4/16/(772)545-9258