2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14501

FILED Mar 28, 2005 Secretary of State

Entity Name: HOBE SOUND NATURE CENTER FOUNDATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
C/O FREDERICK G. SUNDHEIM, JR . PO BOX 214 HOBE SOUND, FL 33475				13640 SE FEDERAL HIGHWAY HOBE SOUND, FL 33455		
Current Mailing Address:				New Mailing Address:		
C/O FREDERICK G. SUNDHEIM, JR . PO BOX 214 HOBE SOUND, FL 33475				PO BOX 214 HOBE SOUND, FL 33475		
FEI Number	: 65-0050653	FEI Number Applied For ()	FEI Numbe	r Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
SMITH, RICHARD E 11850 SW OLD DIXIE HWY PO DRAWER 86 HOBE SOUND, FL 33455 US				SMITH, RICHARD E 11850 SW OLD DIXIE HWY HOBE SOUND, FL 33455 US		
	named entity s e of Florida	submits this statement for the p	ourpose of ch	nanging its registered	d office or registered agent, or both,	
SIGNATURE: RICHARD E. SMITH					03/28/2005	
	Electron	ic Signature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () GARRETT, MAR 202 S BCH RD HOBE SOUND,		Ad	le: me: dress: y-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () NUTTLE, MARG RETURN PT.,RG EASTON, MD	•	Ad	le: me: dress: y-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () BURKE, MARY, 145 CENTRE IS OYSTER BAY, I	LAND RD.	Ad	le: me: dress: y-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GRISWOLD, NI 128 S. BCH RO HOBE SOUND,	AD	Ad	le: me: dress: y-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () JOHNSTON, BE 133 GOMEZ RE HOBE SOUND,)	Ad	le: me: dress: y-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD E. SMITH DIR 03/28/2005