

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097805 (2)

1. Corporation Name

HARMONY OF HOBE SOUND, INC.



Principal Place of Business

4500 PGA BLVD.
SUITE 400
PALM BEACH GARDENS FL 33418

Mailing Address

4500 PGA BLVD.
SUITE 400
PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified

12/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

65-0634088

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIVOSTA, OTTO B
4500 PGA BLVD.
SUITE 400
PALM BEACH GARDENS FL 33418

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

D
NAME: DIVOSTA, OTTO B
STREET ADDRESS: 4500 PGA BLVD., SUITE 400
CITY-ST-ZIP: PALM BEACH GARDENS FL 33418

1.1 TITLE ☐ Change ☒ Addition

P
NAME: Robert S. Kairalla
STREET ADDRESS: 4500 PGA Boulevard, Suite 400
CITY-ST-ZIP: Palm Beach Gardens, FL 33418

TITLE ☐ DELETE

V
NAME: William E. Shannon
STREET ADDRESS: 4500 PGA Boulevard, Suite 400
CITY-ST-ZIP: Palm Beach Gardens, FL 33418

2.1 TITLE ☐ Change ☒ Addition

NAME: William E. Shannon
STREET ADDRESS: 4500 PGA Boulevard, Suite 400
CITY-ST-ZIP: Palm Beach Gardens, FL 33418

TITLE ☐ DELETE

V/S/T
NAME: Jack B. Owen, Jr.
STREET ADDRESS: 4500 PGA Boulevard, Suite 400
CITY-ST-ZIP: Palm Beach Gardens, FL 33418

3.1 TITLE ☐ Change ☒ Addition

NAME: Jack B. Owen, Jr.
STREET ADDRESS: 4500 PGA Boulevard, Suite 400
CITY-ST-ZIP: Palm Beach Gardens, FL 33418

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

NAME:
STREET ADDRESS:
CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/96 (407) 627-2112

CR2E034 (12/95)