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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000097924 (1)

1. Corporation Name
HOBE SOUND RANCH, INC.



Principal Place of Business
4500 PGA BLVD. STE 400
PALM BEACH GARDENS FL 33418

Mailing Address
4500 PGA BLVD. STE 400
PALM BEACH GARDENS FL 33418-3965

3. Date Incorporated or Qualified 12/28/1995
3a. Date of Last Report 03/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

65-0634095

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

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

10. Name and Address of New Registered Agent

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

TITLE DP
NAME DIVOSTA, OTTO B
STREET ADDRESS 4500 PGA BLVD. STE 400
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ DELETE

TITLE DST
NAME DIVOSTA, BETTY J.
STREET ADDRESS 4500 PGA BOULEVARD, SUITE 400
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE VZAT ☐ Change ☒ Addition
12 NAME Galui, Judith M.
13 STREET ADDRESS 4500 PGA Boulevard, Suite 400
14 CITY-ST-ZIP Palm Beach Gardens, Florida 33418 ☐ Change ☒ Addition

21 TITLE V/AS
22 NAME Stephanos, Diane L.
23 STREET ADDRESS 4500 PGA Boulevard, Suite 400
24 CITY-ST-ZIP Palm Beach Gardens, Florida 33418 ☐ Change ☒ Addition

31 TITLE V
32 NAME Floyd, Cathy D.
33 STREET ADDRESS 4500 PGA Boulevard, Suite 400
34 CITY-ST-ZIP Palm Beach Gardens, Florida 33418 ☐ Change ☒ Addition

41 TITLE V
42 NAME DiVosta, Guy M.
43 STREET ADDRESS 4500 PGA Boulevard, Suite 400
44 CITY-ST-ZIP Palm Beach Gardens, Florida 33418 ☐ Change ☒ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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

Otto B. DiVosta

1/22/97 (561) 627-2112
Date Daytime Phone #

CR2E034 (9/96)