

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1995	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0634095	Applied For Not Applicable
23 Zip	25 Country	28 Zip	29 Country	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
g. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

g. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	ST
NAME	DIVOSTA, OTTO B	1.2 NAME	DiVosta, Betty J.
STREET ADDRESS	4500 PGA BLVD. STE 400	1.3 STREET ADDRESS	4500 PGA Boulevard, Suite 400
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418
TITLE	DST	2.1 TITLE	
NAME	DIVOSTA, BETTY J.	2.2 NAME	
STREET ADDRESS	4500 PGA BOULEVARD, SUITE 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	
TITLE	VAT	3.1 TITLE	
NAME	GALUI, JUDTH M.	3.2 NAME	
STREET ADDRESS	4500 PGA BLVD, USITE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	3.4 CITY-ST-ZIP	
TITLE	VAS	4.1 TITLE	
NAME	STEPHANOS, DIANE L.	4.2 NAME	
STREET ADDRESS	4500 PGA BLVD, SUITE 400	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	FLOYD, CATHY D.	5.2 NAME	
STREET ADDRESS	4500 PGA BLVD, SUITE 400	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	DIVOSTA, CATHY D.	6.2 NAME	
STREET ADDRESS	4500 PGA BLVD, SUITE 400	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	6.4 CITY-ST-ZIP	

14. 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 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, with an attachment with an address.

SIGNATURE:

Otto B. DiVosta as Pres. 2/5/98 (561) 627-2112

CR2E034 (1097)