

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000097924

1. Entity Name
HOBE SOUND RANCH, INC.



Principal Place of Business
**4500 PGA BLVD. STE 207
PALM BEACH GARDENS, FL 33418**

Mailing Address
**4500 PGA BLVD. STE 207
PALM BEACH GARDENS, FL 33418**



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0634095

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRANDT, PHILLIP L
4500 PGA BLVD., SUITE 207
PALM BEACH GARDENS, FL 33418**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000337208

04/27/05-80159-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GALUI, JUDITH M
STREET ADDRESS	4500 PGA BLVD., SUITE 207
CITY-STATE-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	DSTV
NAME	STEPHANOS, DIANE L.
STREET ADDRESS	4500 PGA BLVD., SUITE 207
CITY-STATE-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	DV
NAME	FLOYD, CATHY D.
STREET ADDRESS	4500 PGA BLVD., SUITE 207
CITY-STATE-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	DV
NAME	DIVOSTA, GUY M
STREET ADDRESS	4500 PGA BLVD, STE. 207
CITY-STATE-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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 the empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith M. Galui

Date

3-24-05

Daytime Phone #

561-691-9050