

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90197 011 ***150.00

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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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

03222006 Chg-P CR2E034 (11/05)

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**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	GALUI, JUDITH M	
STREET ADDRESS	4500 PGA BLVD., SUITE 207	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	DSTV	<input type="checkbox"/> Delete
NAME	STEPHANOS, DIANE L.	
STREET ADDRESS	4500 PGA BLVD., SUITE 207	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FLOYD, CATHY D.	
STREET ADDRESS	4500 PGA BLVD., SUITE 207	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DIVOSTA, GUY M	
STREET ADDRESS	4500 PGA BLVD, STE. 207	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DiVosta, Cathy	
STREET ADDRESS	4500 PGA Blvd., Suite 207	
CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.

SIGNATURE: Cathy DiVosta VP **Cathy DiVosta** 3-29-06 561-691-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #