2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732095

Entity Name: THE HOBE SOUND NATURE CENTER, INC.

FILED Feb 12, 2016 Secretary of State CC1152934250

Current Principal Place of Business:

13640 SE FEDERAL HWY HOBE SOUND, FL 33455

Current Mailing Address:

P.O. BOX 214

HOBE SOUND, FL 33475

FEI Number: 59-1644398 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VOGEL, MABEL 6978 SE GOLFHOUSE DRIVE HOBE SOUND, FL 33455 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title D Title D

Name GARRETT, MARY M Name JOHNSTON, BETSY

Address 202 SOUTH BEACH ROAD Address PO BOX 82

City-State-Zip: HOBE SOUND FL City-State-Zip: CRYSTAL BAY MN 55323

Title VP Title DIRECTOR

NameGRISWOLD, NINANameTIMBERS, ELAINE MRS.Address128 SOUTH BEACH ROADAddress182 S. BEACH ROADCity-State-Zip:HOBE SOUND FL 33455City-State-Zip:HOBE SOUND FL 33455

Title **SECRETARY** Title **DIRECTOR** Name REED, MICHELLE VOGEL. MABEL Name Address 5200 SE 138 STREET 6978 SE GOLFHOUSE DRIVE Address City-State-Zip: HOBE SOUND FL 33455 City-State-Zip: HOBE SOUND FL 33455

Title TREASURER Title DIRECTOR
Name FOLEY CINDY Name CALDER, ANN

Name FOLEY, CINDY Name CALDER, ANN
Address PO B OX 1072 Address 220 SOUTH BEACG ROAD

City-State-Zip: HOBE SOUND FL 33475 City-State-Zip: HOBE SOUND FL 33455

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MABEL VOGEL DIRECTOR 02/12/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR
Name REESE, HOPE

Address 7050 SE WOOD STORK WAY
City-State-Zip: HOBE SOUND FL 33455

Title DIRECTOR

Name DOERGE, CARL

Address 7081 SE GOLFHOUSE DRIVE

City-State-Zip: HOBE SOUND FL 33455

Title DIRECTOR

Name MCBRAYER, JUDY

Address PO BOX 875

City-State-Zip: HOBE SOUND FL 33475

Title DIRECTOR

Name ALLEN, NATHAN Address 14 GOMEZ ROAD

City-State-Zip: HOBE SOUND FL 33455

Title MRS

Name TEXTOR, DEBBIE
Address PO BOX 1047

City-State-Zip: HOBE SOUND FL 33475

Title PRESIDENT Name DAY, EVIE

Address 5958 SE MOURNING DOVE WAY

City-State-Zip: HOBE SOUND FL 33455

Title DIRECTOR

Name HERLIN, LESLIE

Address 8520 SE SABAL STREET
City-State-Zip: HOBE SOUND FL 33455

Title VP

Name ROOSEVELT, SALLY

Address 10343 SE MARIGOLD CIRCLE
City-State-Zip: HOBE SOUND FL 33455

Title MRS

Name MACARTHUR, ANNE

Address 12030 SE PLUTUS AVENUE City-State-Zip: HOBE SOUND FL 33455