

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732095

**Entity Name:** THE HOBE SOUND NATURE CENTER, INC.**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  
Name GARRETT, MARY M  
Address 202 SOUTH BEACH ROAD  
City-State-Zip: HOBE SOUND FL

Title DIRECTOR  
Name TIMBERS, ELAINE MRS.  
Address 182 S. BEACH ROAD  
City-State-Zip: HOBE SOUND FL 33455

Title DIRECTOR  
Name REED, MICHELLE  
Address 5200 SE 138 STREET  
City-State-Zip: HOBE SOUND FL 33455

Title DIRECTOR  
Name REESE, HOPE  
Address 7050 SE WOOD STORK WAY  
City-State-Zip: HOBE SOUND FL 33455

Title VP  
Name GRISWOLD, NINA  
Address 128 SOUTH BEACH ROAD  
City-State-Zip: HOBE SOUND FL 33455

Title DIRECTOR  
Name VOGEL, MABEL  
Address 6978 SE GOLFHOUSE DRIVE  
City-State-Zip: HOBE SOUND FL 33455

Title DIRECTOR  
Name CALDER, ANN  
Address 220 SOUTH BEACH ROAD  
City-State-Zip: HOBE SOUND FL 33455

Title DIRECTOR  
Name ROOSEVELT, SALLY  
Address 10343 SE MARIGOLD CIRCLE  
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, REGISTERED 01/20/2020  
AGENT**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DOERGE, CARL  
Address 7081 SE GOLFHOUSE DRIVE  
City-State-Zip: HOBE SOUND FL 33455

Title PRESIDENT  
Name ALLEN, NATHAN  
Address 14 GOMEZ ROAD  
City-State-Zip: HOBE SOUND FL 33455

Title DIRECTOR  
Name GILMARTIN, GLADIE  
Address 7739 SE LOBLOLLY BAY DRIVE  
City-State-Zip: HOBE SOUND FL 33455

Title MRS.  
Name MELLON, SOPHIE A.  
Address 112 NORTH BEACH ROAD  
City-State-Zip: HOBE SOUND FL 33455

Title DIRECTOR  
Name BOWEN, GIERIET  
Address 8060 SE LITTLE HARBOUR DRIVE  
H-16  
City-State-Zip: HOBE SOUND FL 33455

Title SECRETARY  
Name MCDONALD, CYNDI  
Address 18252 SE HERITAGE DRIVE  
City-State-Zip: TEQUESTA FL 33469

Title DIRECTOR  
Name HERLIN, LESLIE  
Address 8520 SE SABAL STREET  
City-State-Zip: HOBE SOUND FL 33455

Title MRS  
Name TEXTOR, DEBBIE  
Address PO BOX 1047  
City-State-Zip: HOBE SOUND FL 33475

Title VP  
Name HEMMES, SUSAN A.  
Address 8365 SE WOODCREST PLACE  
City-State-Zip: HOBE SOUND FL 33455

Title DIRECTOR  
Name ANDREWS, BUCK  
Address 185 GOMEZ ROAD  
City-State-Zip: HOBE SOUND FL 33455

Title TREASURER  
Name CAFFREY, ANDREW  
Address 9742 SE HIGHBOURNE WAY  
City-State-Zip: HOBE SOUND FL 33455

Title DIRECTOR  
Name PRATT, SANDRA  
Address 7910 SE LOBLOLLY BAY DRIVE  
City-State-Zip: HOBE SOUND FL 33455