

2013 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 D
Name COUGLAN, ANNE
Address 306 SOUTH BEACH RD
City-State-Zip: HOBE SOUND FL 33455

Title D
Name JOHNSTON, BETSY
Address 133 GOMEZ ROAD
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 PRESIDENT
Name TIMBERS, ELAINE MRS.
Address 182 S. BEACH ROAD
City-State-Zip: HOBE SOUND FL 33455

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

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

Title TREASURER
Name FOLEY, CINDY
Address PO B OX 1072
City-State-Zip: HOBE SOUND FL 33475

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**VP****01/22/2013**

Electronic Signature of Signing Officer/Director Detail

Date