

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11849

Entity Name: HOBE SOUND FINE ARTS LEAGUE, INC.**Current Principal Place of Business:**8879 SE BRIDGE RD
HOBE SOUND, FL 33455**Current Mailing Address:**8879 SE BRIDGE RD
HOBE SOUND, FL 33455 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCOTT, MARGARET
8551 SE SOUNDINGS PLACE
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	VP#1
Name	KEPP, CAROL
Address	4289 SE SCOTLAND CAY WAY
City-State-Zip:	STUART FL 34997

Title	VP#2
Name	JANES, DOLLY-RONDA
Address	910 DOLPHIN DRIVE
City-State-Zip:	JUPITER FL 33458

Title	PD
Name	NEAL, MARY
Address	173 S. SEWELL PT. ROAD
City-State-Zip:	STUART FL 34996

Title	SD
Name	ORZACK, PAT
Address	6417 SE WINDSONG LA. #128
City-State-Zip:	STUART FL 34997

Title	TD
Name	SCOTT, MARGARET
Address	8551 SE SOUNDINGS PL
City-State-Zip:	HOBE SOUND FL 33455

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: MARGARET A SCOTT**TREASURER****04/02/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date