

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000008617

Entity Name: THE HUB ON CANAL, INC.

Current Principal Place of Business:

132 CANAL STREET
NEW SMYRNA BEACH, FL 32168

Current Mailing Address:

132 CANAL STREET
NEW SMYRNA BEACH, FL 32168

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MACKAY, SALLY
714 FAULKNER STREET
NEW SMYRNA BEACH, FL 32168 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 STERN, SUSAN
Address 1620 NORTH INDIAN RIVER ROAD
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title D
Name RICH, CHERYL
Address 461 LUNA BELLA LANE
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title PRESIDENT, DIRECTOR
Name MACKAY, SALLY
Address 714 FAULKNER STREET
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title VP, DIRECTOR
Name DOLE, SUSAN
Address 2700 NORTH PENINSULA
UNIT #233
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title DIRECTOR
Name BRADY, ANN
Address 511 BALL STREET
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title DIRECTOR
Name DEAN, DEBBIE
Address 902 NORTH PENINSULA
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title DIRECTOR
Name ENGLAND, TERRY
Address 1006 SOUTH RIVERSIDE DRIVE
City-State-Zip: EDGEWATER FL 32132

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: SALLY MACKAY

PRESIDENT

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date