

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14501

Entity Name: HOBE SOUND NATURE CENTER FOUNDATION, INC.**Current Principal Place of Business:**13640 SE FEDERAL HIGHWAY
HOBE SOUND, FL 33455**Current Mailing Address:**PO BOX 214
HOBE SOUND, FL 33475 US**FEI Number:** 65-0050653**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	VP
Name	GARRETT, MARY
Address	202 S BCH RD
City-State-Zip:	HOBE SOUND FL 33455

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

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

Title	SECRETARY, TREASURER
Name	TIMBERS, STEPHEN
Address	182 SOUTH BEACH ROAD
City-State-Zip:	HOBE SOUND FL 33455

Title	PRESIDENT
Name	DOERGE, CARL
Address	7081 SE GOLFHOUSE DRIVE
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: MABEL VOGEL**REGISTERED AGENT****02/12/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date