

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 341487 (7)
1. Corporation Name
HOBE SOUND WATER COMPANY



Principal Place of Business
BOX 68
RIVER RD.
HOBE SOUND FL 33475-0068

Mailing Address
BOX 68
RIVER RD.
HOBE SOUND FL 33475-0068

3. Date Incorporated or Qualified 02/12/1969	3a. Date of Last Report 04/26/1995
4. FEI Number 59-1233001	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

BEDWELL, ANN
ESTRADA RD
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD REED, NATHANIEL RIVER RD HOBE SOUND, FL 00000 V	1.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	REED, ADRIEN P. BEACH RD HOBE SOUND, FL 00000 T	1.2 NAME	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
STREET ADDRESS	STANLEY, THOMAS B BLACK BEAR TRAIL HOBE SOUND, FL 00000 S	1.3 STREET ADDRESS	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
CITY-ST-ZIP	BEDWELL, ANN ESTRADA RD HOBE SOUND, FL 00000 V	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
TITLE	CARFINE, MICHAEL 20 WINDSOR TEQUESTA FL V	2.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	ST ONGE, DON RIVER RD HOBE SOUND FL	2.2 NAME	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
STREET ADDRESS		2.3 STREET ADDRESS	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
TITLE		3.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME		3.2 NAME	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME		4.2 NAME	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME		5.2 NAME	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
STREET ADDRESS		5.3 STREET ADDRESS	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME		6.2 NAME	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
STREET ADDRESS		6.3 STREET ADDRESS	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change: <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: _____ 4.10.96 867.546.7511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E034 (12/95)