

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/12/1969		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1233001		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 JANET L. BROWN			
				82 Street Address (P.O. Box Number is Not Acceptable) 11844 S.E. DIXIE HIGHWAY			
				83			
				84 City HOBE SOUND FL 85 Zip Code 33455			

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 *Janet L. Brown* *Janet L. Brown* **2-3-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REED, NATHANIEL			1.2 NAME			
STREET ADDRESS	RIVER RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND, FL 00000			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REED, ADRIEN P.			2.2 NAME			
STREET ADDRESS	BEACH RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND, FL 00000			2.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STANLEY, THOMAS B			3.2 NAME			
STREET ADDRESS	BLACK BEAR TRAIL			3.3 STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND, FL 00000			3.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BEDWELL, ANN			4.2 NAME	JANET L. BROWN		
STREET ADDRESS	ESTRADA RD			4.3 STREET ADDRESS	11844 SE DIXIE HIGHWAY		
CITY-ST-ZIP	HOBE SOUND, FL 00000			4.4 CITY-ST-ZIP	HOBE SOUND, FL 33455		
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARFINE, MICHAEL			5.2 NAME			
STREET ADDRESS	20 WINDSOR			5.3 STREET ADDRESS			
CITY-ST-ZIP	TEQUESTA FL			5.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ST ONGE, DON			6.2 NAME			
STREET ADDRESS	RIVER RD			6.3 STREET ADDRESS			
CITY-ST-ZIP	HOBE SOUND FL			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *Michael A. Carfine* **MICHAEL A. CARFINE** **2.3.97** **561-5462511**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0344069

CR2E034 (9/96)