

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 705132 (9)

1. Corporation Name

NORTH HOBE SOUND ASSOCIATION, INC.

Principal Place of Business

8087 COCONUT ST.  
HOBE SOUND FL 33455

Mailing Address

8087 COCONUT ST.  
HOBE SOUND FL 33455



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/30/1963

3a. Date of Last Report

05/01/1995

4. FEI Number

53-7705132

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BROWN, JAMES F.  
8087 S.E. COCONUT STREET  
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME ROWLAND, FAIRLIE  
STREET ADDRESS 8486 S.E. PALM STREET  
CITY - ST - ZIP HOBE SOUND, FL 00000 FL ☐ DELETE

TITLE TDP  
NAME BROWN, JAMES F.  
STREET ADDRESS 8087 SE COCONUT ST.  
CITY - ST - ZIP HOBE SOUND, FL 00000 ☐ DELETE

TITLE D  
NAME HEYER, ROSE M  
STREET ADDRESS 8453 S.E. BANYAN TREE ST.  
CITY - ST - ZIP HOBE SOUND FL ☐ DELETE

TITLE D  
NAME MEREDITH, DAVE  
STREET ADDRESS 8558 COCONUT ST.  
CITY - ST - ZIP HOBE SOUND FL ☐ DELETE

TITLE D  
NAME POTE, BILL  
STREET ADDRESS 8601 S.E. DRIFTWOOD ST.  
CITY - ST - ZIP HOBE SOUND FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James Brown* July 8, 1996  
James Brown Date Daytime Phone #  
407 546 7428

CR2E037 (3/96)