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FILED

Feb 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705132 (9)

1. Corporation Name

NORTH HOBE SOUND ASSOCIATION, INC.

Principal Place of Business

Mailing Address

8087 COCONUT ST.
HOBE SOUND FL 334558087 COCONUT ST.
HOBE SOUND FL 33455-40053. Date Incorporated or Qualified
01/30/19633a. Date of Last Report
07/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

53-7705132

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, JAMES F.
8087 S.E. COCONUT STREET
HOBE SOUND FL 33455

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME ROWLAND, FAIRLIE
STREET ADDRESS 8486 S.E. PALM STREET
CITY-ST-ZIP HOBE SOUND, FL 00000 FL ☐ DELETETITLE TDP
NAME BROWN, JAMES F.
STREET ADDRESS 8087 SE COCONUT ST.
CITY-ST-ZIP HOBE SOUND, FL 00000 ☐ DELETETITLE D
NAME HEYER, ROSE M
STREET ADDRESS 8453 S.E. BANYAN TREE ST.
CITY-ST-ZIP HOBE SOUND FL ☐ DELETETITLE D
NAME MEREDITH, DAVE
STREET ADDRESS 8558 COCONUT ST.
CITY-ST-ZIP HOBE SOUND FL ☐ DELETETITLE D
NAME POTE, BILL
STREET ADDRESS 8601 S.E. DRIFTWOOD ST.
CITY-ST-ZIP HOBE SOUND FL ☐ DELETETITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043428

CR2E037 (9/96)

457

James Brown Feb 14, 1996 546 7428