

4/13/

FILED**Jun 05, 2001 8:00 am**
Secretary of State

04-13-2001 90043 038 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 705132**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

53-7705132

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW:
FEE IS \$81.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE	TOP	☐ Delete
NAME	BROWN, JAMES F.	
STREET ADDRESS	8087 SE COCONUT ST.	
CITY-ST-ZIP	HOBE SOUND, FL 00000	
TITLE	D	☒ Delete
NAME	HEYER, ROSE M	
STREET ADDRESS	8453 S.E. BANYAN TREE ST.	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	D	☐ Delete
NAME	POTE, BILL	
STREET ADDRESS	8601 S.E. DRIFTWOOD ST.	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	Connie Houser	☐ Delete
NAME	Vice - President	
STREET ADDRESS	8338 SE Coconut St. Hobe Sound, FL	
CITY-ST-ZIP	33455	
TITLE	Secretary	☐ Delete
NAME	Karen Bradshaw	
STREET ADDRESS	8593 SE Banyan Tree Trail	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	Director	☐ Delete
NAME	Nancy Lucas	
STREET ADDRESS	85165 SE Palm Street	
CITY-ST-ZIP	Hobe Sound, FL 33455	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Frank Corrao	☐ Change ☐ Addition
NAME	Director	
STREET ADDRESS	8586 SE Palm St.	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2037 (10/00)