

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716060

FILED
Apr 04, 2012
Secretary of State

Entity Name: HOBE SOUND COMMUNITY CHEST, INC.

Current Principal Place of Business:

11450 SE DIXIE HIGHWAY
SUITE 106
HOBE SOUND, FL 33455 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 511
HOBE SOUND, FL 33475 US

New Mailing Address:

FEI Number: 59-6155092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLROY, SUELLEN M
HOBE SOUND OFFICE PLAZA
11450 SE DIXIE HWY SUITE 106
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: CASEY, E. PAUL
Address: 330 SOUTH BEACH ROAD
City-St-Zip: HOBE SOUND, FL 33455 US

Title: P
Name: PAULEY, PETER S
Address: 106 PALMETTO TRAIL
City-St-Zip: HOBE SOUND, FL 33455 US

Title: SD
Name: MILLROY, SUELLEN M
Address: 9165 SE MERCURY STREET
City-St-Zip: HOBE SOUND, FL 33455 US

Title: V
Name: ANNIBALI, MARY R
Address: 112 NORTH BEACH ROAD
City-St-Zip: HOBE SOUND, FL 33455 US

Title: V
Name: HAMMER, ANN
Address: 7743 SE LAKE SHORE DRIVE
City-St-Zip: HOBE SOUND, FL 33455 US

Title: T
Name: FRELINGHUYSEN, JOSEPH
Address: 7106 SE GOLF RIDGE WAY
City-St-Zip: HOBE SOUND, FL 33455 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUELLEN M. MILLROY

SD

04/04/2012

Electronic Signature of Signing Officer or Director

_____ Date