

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732095

FILED  
Apr 01, 2006  
Secretary of State

Entity Name: THE HOBE SOUND NATURE CENTER, INC.

**Current Principal Place of Business:**

13640 SE FEDERAL HWY  
PO BOX 214  
HOBE SOUND, FL 33475 US

**New Principal Place of Business:**

**Current Mailing Address:**

13640 SE FEDERAL HWY  
PO BOX 214  
HOBE SOUND, FL 33475

**New Mailing Address:**

FEI Number: 59-1644398      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, RICHARD E  
11850 SE OLD DIXIE HWY  
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: T      ( ) Delete  
Name: SMITH, RICHARD E DR.  
Address: 11858 SE. DIXIE HWY  
City-St-Zip: HOBE SOUND, FL

Title: D      ( ) Delete  
Name: COUGHLAN, ANNE,  
Address: 306 SOUTH BEACH RD  
City-St-Zip: HOBE SOUND, FL 33455

Title: D      ( ) Delete  
Name: MARTIN, VAL,  
Address: P.O. BOX 1657  
City-St-Zip: PORT SALERNO, FL 34992

Title: D      ( ) Delete  
Name: JOHNSTON, BETSY  
Address: 133 GOMEZ ROAD  
City-St-Zip: HOBE SOUND, FL 33455

Title: P      ( ) Delete  
Name: GRISWOLD, NINA  
Address: 128 SOUTH BEACH ROAD  
City-St-Zip: HOBE SOUND, FL 33455

Title: D      ( ) Delete  
Name: ANNIBALI, MALI  
Address: 112 N BEACH RD  
City-St-Zip: HOBE SOUND, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. RICHARD E. SMITH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

04/01/2006

\_\_\_\_\_  
Date