

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749637

FILED
Apr 21, 2008
Secretary of State

Entity Name: HOBART LANDING HOME OWNERS' ASSOCIATION, INCORPORATED

Current Principal Place of Business:

4196 79TH STREET
VERO BEACH, FL 32967 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 700540
WABASSO, FL 32970 US

New Mailing Address:

FEI Number: 59-2434077

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMBERT, JOHN A PD
4196 79TH STREET
VERO BEACH, FL 32967 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: PD () Delete
Name: LAMBERT, JOHN A PD
Address: 4196 79TH STREET
City-St-Zip: VERO BEACH, FL 32967

Title: TD () Delete
Name: REYNOLDS, JOHN
Address: 3536 MARTHAS LANE
City-St-Zip: VERO BEACH, FL 32967

Title: SD () Delete
Name: MASON, ELIZABETH
Address: 4235 79TH STREET
City-St-Zip: VERO BEACH, FL 32967

Title: VPD () Delete
Name: LOCKWOOD, DAVID
Address: 4155 79TH STREET
City-St-Zip: VERO BEACH, FL 32967

Title: D () Delete
Name: DONELSON, WILLIAM
Address: 3545 MARTHA LN
City-St-Zip: VERO BEACH, FL 32967

Title: D () Delete
Name: BURR, GLEN
Address: 4215 79TH ST
City-St-Zip: VERO BEACH, FL 32967

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
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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 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: JOHN LAMBERT

PD

04/21/2008

Electronic Signature of Signing Officer or Director

Date