2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# 749637

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
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 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 A. LAMBERT PD 01/13/2009

Electronic Signature of Signing Officer or Director — Date