

DOCUMENT # 756008

1. Entity Name

LOBLOLLY BAY CONDOMINIUM ASSOCIATION, INCORPORAT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 21 PM 2:22

600402



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

INCORPORATED INCORPORATED
8000 SE LITTLE HARBOUR DR. 8000 SE LITTLE HARBOUR DR.
HOBE SOUND FL 33455 HOBE SOUND FL 33455-3827

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 **59-2173628** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORNETT, JANE
401 E. OSCEOLA ST
STUART FL 34994

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

FILE NOW:
FEE IS \$61.25

9. 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	☒ Delete
NAME	RASSIEUR, FRANK
STREET ADDRESS	7800 SE LITTLE HARBOUR DRIVE
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	☒ Delete
NAME	PD WIRTH, WILLARD
STREET ADDRESS	8030 SE LITTLE HARBOUR DRIVE
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	☐ Delete
NAME	D DAVIS, DONALD
STREET ADDRESS	8030 SE LITTLE HARBOUR DRIVE
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	☒ Delete
NAME	D SHEEHAN, ROBERT
STREET ADDRESS	7800 SE LITTLE HARBOUR DRIVE
CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☒ Change ☐ Addition
NAME	D P RASSIEUR, FRANK
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☒ Addition
NAME	VP SHAW, CHARLES
STREET ADDRESS	8029 SE LITTLE HARBOUR DR
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	☐ Change ☒ Addition
NAME	S/T Githens, Tom
STREET ADDRESS	7770 SE LITTLE HARBOUR DR
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	

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: _____ **REQUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____