

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90374 011 \*\*\*\*70.00

**DOCUMENT # 756008**

1. Entity Name  
**LOBLOLLY BAY RESIDENTIAL CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**7407 SE HILL TERRACE  
HOBE SOUND, FL 33455**

Mailing Address  
**7407 SE HILL TERRACE  
HOBE SOUND, FL 33455**

40051071



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

**CORNETT, JANE  
401 E. OSCEOLA STREET  
STUART, FL 34994**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
CASTLE, SALLY ☐ Delete  
8030 S.E. LITTLE HARBOUR DR.  
HOBE SOUND, FL 33455

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
JOAN SMITH ☐ Change ☒ Addition  
8030 SE LITTLE HBR DR HOBE SOUND, FL 33455

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
SHAW, CHARLES ☒ Delete  
8029 SE LITTLE HARBOR DR  
HOBE SOUND, FL 33455

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
RODGERS, CYNTHIA ☒ Delete  
7860 SE LITTLE HARBOUR DR., D-2  
HOBE SOUND, FL 33455

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WEIR, LARRY ☐ Delete  
8050 SE LITTLE HARBOUR DR., H-10  
HOBE SOUND, FL 33455

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
WHITMAN, WILLIAM JR ☐ Delete  
8050 SE LITTLE HARBOUR DR., H-7  
HOBE SOUND, FL 33455

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LANCE ODEN ☐ Change ☒ Addition  
7810 SE LITTLE HBR DR. B-2  
HOBE SOUND, FL 33455

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Sally Castle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5461103

Daytime Phone #