

# FILE NOW: FILING FEE IS \$61.25

**\*NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 757743 (0)**

1. Corporation Name

**HOBE VILLAGE MOBILE HOME OWNERS ASSOC., INC.**



Principal Place of Business

**CLUB HOUSE  
11411 S.E. FEDERAL HWY. #40  
HOBE SOUND FL 33455**

Mailing Address

**P.O. BOX 8081  
HOBE SOUND FL 33475**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**ROBINSON, P.H.  
11411 S.E. FEDERAL HWY #6  
HOBE SOUND FL 33455**

10. Name and Address of New Registered Agent

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D

**KELLEY, CONNIE  
11411 SE FEDERAL HWY #5  
HOBE SOUND FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD

**ROBINSON, PAUL H.  
11411 SE FEDERAL HWY. #6  
HOBE SOUND FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VPD

**ATER, ROBERT  
11411 SE FEDERAL HWY #40  
HOBE SOUND FL**

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STD

**BAYLESS, ANDREA  
11411 SE FEDERAL HWY  
HOBE SOUND FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D

**DEEM, PAUL  
11411 SE FEDERAL HWY 28  
HOBE SOUND FL**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D

**KELLEY, CHARLES  
01411 S.E. FEDERAL HWY. #40  
HOBE SOUND FL 33455**

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

**SECT / D**

**BETTY MOOR  
11411 SE FED. HWY #24  
HOBE SOUND, FL. 33455**

☐ Change

☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

D

**KENNETH JENKINS  
11411 SE FED. HWY #118  
HOBE SOUND, FL. 33455**

☐ Change

☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

D

**BAYLESS, ANDREA  
11411 SE FED. HWY #23  
HOBE SOUND, FL.**

☒ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

**VICE PRESIDENT / D**

**KELLEY, CHARLES  
11411 SE FED. HWY #5  
HOBE SOUND, FL. 33455**

☒ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 JAN 1996

407-546-0736

Date

Daytime Phone #

CR2E037 (12/95)