

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

CLUB HOUSE
11411 SE FEDERAL HWY.
HOBE SOUND FL 33455
USP.O. BOX 8081
HOBE SOUND FL 33475-00813. Date Incorporated or Qualified
04/27/19813a. Date of Last Report
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2074759Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☒ DELETE
NAME MOOR, BETTY
STREET ADDRESS 11411 SE FEDERAL HWY, # 24
CITY-ST-ZIP HOBE SOUND FLTITLE D ☐ DELETE
NAME JENKINS, KENNETH
STREET ADDRESS 11411 SE FEDERAL HWY., #118
CITY-ST-ZIP HOBE SOUND FLTITLE D ☐ DELETE
NAME BAYLESS, ANDREA
STREET ADDRESS 11411 SE FEDERAL HWY., # 23
CITY-ST-ZIP HOBE SOUND FLTITLE D ☒ DELETE
NAME DEEM, PAUL
STREET ADDRESS 11411 SE FEDERAL HWY 28
CITY-ST-ZIP HOBE SOUND FLTITLE VD ☐ DELETE
NAME KELLEY, CHARLES
STREET ADDRESS 11411 SE FEDERAL HWY., # 5
CITY-ST-ZIP HOBE SOUND FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.O.D. ☐ Change ☒ Addition
1.2 NAME PAUL H. ROBINSON
1.3 STREET ADDRESS 11411 SE FEDERAL HWY #6
1.4 CITY-ST-ZIP HOBE SOUND, FL2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME CONNIE KELLEY
2.3 STREET ADDRESS 11411 SE FEDERAL HWY #
2.4 CITY-ST-ZIP HOBE SOUND FL 334553.1 TITLE S ☐ Change ☒ Addition
3.2 NAME MOOR, BETTY
3.3 STREET ADDRESS 11411 SE FED. HWY.
3.4 CITY-ST-ZIP HOBE SOUND, FL.4.1 TITLE D. Ater, Robert ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS 11411 SE Federal Hwy. #
4.4 CITY-ST-ZIP Hobe Sound, FL5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME AL COLVIN
5.3 STREET ADDRESS 11411 SE FED HWY
5.4 CITY-ST-ZIP HOBE SOUND, FL. 334556.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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: PAUL H. ROBINSON Paul H. Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-97

Date

561-546-0736

Daytime Phone # 0044472

CR2E037 (9/96)