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Apr 14, 1999 8:00 am
Secretary of State

0046715

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

04-14-1999 90152 093 ****61.25
 04-14-1999 90152 094 *****8.75

DOCUMENT # 757743

1. Corporation Name
HOBE VILLAGE MOBILE HOME OWNERS ASSOC., INC.

Principal Place of Business
CLUB HOUSE
11411 SE FEDERAL HWY.
HOBE SOUND FL 33455
US

Mailing Address
P.O. BOX 8101
HOBE SOUND FL 33455



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/27/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2074759	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, PAUL H.	1.2 NAME	MARCEL, LEON
STREET ADDRESS	11411 SE FEDERAL HWY #6	1.3 STREET ADDRESS	11411 SE FED. HWY LOT 106
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	HOBE SOUND, FL.
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORRE, MANUEL	2.2 NAME	AL HURLEY
STREET ADDRESS	11411 S.E. FED. HWY #101	2.3 STREET ADDRESS	11411 SE FED. HWY. #45
CITY-ST-ZIP	HOBE SOUND FL 33455	2.4 CITY-ST-ZIP	HOBE SOUND FL 33455
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAYLESS, ANDREA	3.2 NAME	MARIE NELSON
STREET ADDRESS	11411 SE FEDERAL HWY., # 23	3.3 STREET ADDRESS	11411 SE FED. HWY # 80
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	HOBE SOUND, FL.
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLVIN, ALBERT	4.2 NAME	
STREET ADDRESS	11411 S.E. FED. HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, CHARLES	5.2 NAME	
STREET ADDRESS	11411 S.E. FED. HWY., #5	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, LILA	6.2 NAME	
STREET ADDRESS	11411 S.E. FED. HWY #102	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2-11-99 561 545-7340
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)