**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 757743**

1. Corporation Name

HOBE VILLAGE MOBILE HOME OWNERS ASSOC., INC.

Principal Place of Business CLUB HOUSE 11411 SE FEDERAL HWY. HORE SOUND EL 33455

Mailing Address

P.O. BOX 8101 HOBE SOUND FL 33455

## Apr 14, 1999 8:00 am § Secretary of State

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

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US	10 0000				, ,		
					3 Dale de constitue		
<del></del>	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 04/27/1981		
21	<del> </del>	26			4. FEI Number	Applied For	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-2074759	Applied For Not Applicable	
22		27			39-2014133	<u> </u>	
City & Stat	e .	City & State			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
23	Country		Country		& Floring Compaign Financing	<del> </del>	
Zip .	· · · · · · · · · · · · · · · · · · ·		¬ `		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	9. Name and Address of Current	1	<u> </u>		10. Name and Address of New Registered A		
	Name and Address of Current	Registered Agent	81	Name	Teamle and reaments of the trade		
					·		
ROBINSO	N, P.H.		82	82 Street Address (P.O. Box Number is Not Acceptable)			
	E. FEDERAL HWY #6		83				
HOBE SO	UND FL 33455		03				
			84	City	FL	85 Zip Code	
•					corporation submits this statement for the purpose of c		
office or r agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligati	f Florida. Such change was auth	iorized by	the corp	oration's board of directors. I hereby accept the appoint	ment as registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Ager	nt signature	required when reinstating) DATE		
12.	OFFICERS AND		13.	-	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	DT	☐ DELETE	1.1 TITLE		D	☐ Change 【X Additio	
NAME	ROBINSON, PAUL H.		1.2 NAME		MARCEL, LEON 11911 SE FED. HWY LOT		
STREET ADDRESS	11411 SE FEDERAL HWY #6		1.3 STREET	TADORESS	MAN SE JED, HWY LOT	106	
CITY-ST-ZIP	HOBE SOUND FL	·	1.4 CITY-S	T-7IP	HOBE SOUND, FL.		
TITLE	P	☐ DELETE	2.1 TITLE		D	☐ Change 🔀 Additio	
NAME	TORE, MANUEL		2.2 NAME		AL HURLEY HA	_	
STREET ADDRESS	11411 S.E. FED. HWY #101		23 STREET	TADDRESS	MALL SE FED, HWY, # 45	~	
	HOBE SOUND FL 33455		2.4 CITY-S		GERRE SOUND FL 33 45.	5	
CITY-ST-Z#P	D	<b>∭</b> DELETE	3.1 TITLE	71-28	AL HURLEY 1/41/ SE FED. HWY. # 45 466E SOUND -FL 33 45.	☐ Change	
	<u> </u>		3.2 NAME		MARIE WELSON	_	
NAME	BAYLESS, ANDREA	,		TADDRESS		. ·	
STREET ADDRESS			3.4. CITY-S		HOBE SOUND FFL.		
CITY-ST-ZIP	HOBE SOUND FL	DELETE	4.1 TITLE		770772 50012	☐ Changé ☐ Additio	
NAME	COLVIN, ALBERT		4. 2 NAME				
STREET ADORESS			4.3 STREET				
			4.4 CITY-S				
CITY-ST-ZIP	HOBE SOUND FL	□ DELETE	5.1 TITLE	··ur		Change Additio	
	D CHARLES		5.2 NAME		-		
NAME	KELLEY, CHARLES		5.3 STREE	LVUUDEGG			
STREET ADDRESS	11411 S.E. FED. HWY., #5		5.4 CITY-S				
CITY-ST-ZIP	HOBE SOUND FL	☐ DELETE	6.1 TITLE	1-211		☐ Change ☐ Additio	
TITLE	D					□ Alianãe □ Vagino	
NAME	WILSON, LILA		6.2 NAME				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS 11411 S.E. FED. HWY #102

**HOBE SOUND FL**