

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757743

1. Entity Name

HOBE VILLAGE MOBILE HOME OWNERS ASSOC., INC.

R

FILED

Aug 23, 2000 8:00 am  
Secretary of State

08-23-2000 90030 019 \*\*\*\*70.00

Principal Place of Business

Mailing Address

CLUB HOUSE  
11411 SE FEDERAL HWY.  
HOBE SOUND FL 33455  
US

P.O. BOX 8101  
HOBE SOUND FL 33475-8101

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2074759

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name Charles A Kelley

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

11411 SE Fed Hwy #5

City Hobe Sound

FL

Zip Code 33455

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.

SIGNATURE Charles A Kelley  
Signature, typed or printed name of registered agent and title if applicable.

Charles A Kelley  
(NOTE: Registered Agent signature required when re-stating)

8/14/2000  
DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☒ Delete  
NAME ROBINSON, PAUL H.  
STREET ADDRESS 11411 SE FEDERAL HWY #6  
CITY-ST-ZIP HOBE SOUND FL

TITLE DT ☒ Change ☐ Addition  
NAME KELLEY CHARLES  
STREET ADDRESS 11411 S.E. FED. HWY. #5  
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE ~~PT~~ ☐ Delete  
NAME ~~TORE, MANUEL~~  
STREET ADDRESS 11411 S.E. FED. HWY #101  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE VP ☐ Change ☒ Addition  
NAME ROBERT ATER  
STREET ADDRESS 11411 S.E. FED. HWY #59  
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE D ☐ Delete  
NAME MARCEL, LEON  
STREET ADDRESS 11411 SE FEDERAL HWY #45  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE D ☐ Change ☒ Addition  
NAME JOHN LOMBARDI  
STREET ADDRESS 11411 S.E. FED. HWY #1  
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE D ☒ Delete  
NAME NELSON, MARIE  
STREET ADDRESS 11411 SE FED HWY #45  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE D ☐ Change ☒ Addition  
NAME CAROL MARTIN  
STREET ADDRESS 11411 S.E. FED. HWY #19  
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE D ☒ Delete  
NAME KELLEY, CHARLES  
STREET ADDRESS 11411 S.E. FED. HWY., #5  
CITY-ST-ZIP HOBE SOUND FL

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

TITLE D ☐ Delete  
NAME WILSON, LILA  
STREET ADDRESS 11411 S.E. FED. HWY #102  
CITY-ST-ZIP HOBE SOUND FL

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

12. 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 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:

Torey M. Manuele  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18-2000 561-545-7324

CR21 (07/19/97)