

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758638

1. Entity Name

LOBLOLLY BAY MARINA CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

8000 SE LITTLE HARBOR AVE.  
HOBE SOUND FL 33455

Mailing Address

8000 SE LITTLE HARBOR AVE.  
HOBE SOUND FL 33455

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2173320

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORNETT, JANE  
401 E. OSCEOLA ST  
STUART FL 34994

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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 P ☐ Delete  
NAME PRATT, JOHN  
STREET ADDRESS 7817 SE LOBLOLLY BAY DR.  
CITY-ST-ZIP HOBE SOUND FL 33455

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

TITLE AVP ☒ Delete  
NAME HERRLE, TED  
STREET ADDRESS 6325 POMPANO ST  
CITY-ST-ZIP PALM BCH GARDENS FL 33418

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

TITLE ST ☐ Delete  
NAME CONNER, BILL  
STREET ADDRESS 7603 SE SANGTERLING PLACE  
CITY-ST-ZIP HOBE SOUND FL 33455

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

TITLE D ☐ Delete  
NAME BINDER, BOB  
STREET ADDRESS 7575 SE GOLFHOUSE DR.  
CITY-ST-ZIP HOBE SOUND FL 33455

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

TITLE D ☐ Delete  
NAME BRUCKER, BOB  
STREET ADDRESS 7679 SE GOLFHOUSE DR.  
CITY-ST-ZIP HOBE SOUND FL 33455

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

TITLE D ☐ Delete  
NAME SULLIVAN, JOHN  
STREET ADDRESS 7211 SE GOLFHOUSE DR.  
CITY-ST-ZIP HOBE SOUND FL 33455

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01

Date

561-546-8700

Daytime Phone #

00011699



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)