## **2002 UNIFORM BUSINESS REPORT (UBR)** Feb 12, 2002 8:00 am DOCUMENT # **758638** 1. Entity Name **Secretary of State** LOBLOLLY BAY MARINA CONDOMINIUM ASSOCIATION, INC 02-12-2002 90095 015 \*\*\*\*70.00 Principal Place of Business Mailing Address 8000 SE LITTLE HARBOR AVE. 8000 SE LITTLE HARBOR AVE. HOBE SOUND FL 33455 HOBE SOUND FL 33455 3. Mailing Address 2. Principal Place of Business 7407 3€ lerrace 7407 SE H: 11 Terrace Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For FI Hobe Sound 59-2173320 Hobe Source Not Applicable Zip 33455 Country A Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CORNETT, JANE 401 E. OSCEOLA ST STUART FL 34994 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. \_ Department of State Added to Fees (T OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (10/6) TITLE ☐ Change Addition TITLE ☐ Delete NAME PRATT, JOHN NAME **CR2E037** STREET ADDRESS STREET ADDRESS 7817 SE LOBLOLLY BAY DR. CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Change ☐ Addition TITLE ST ☐ Delete TITLE NAME CONNER, BILL NAME STREET ADDRESS STREET ADDRESS **7603 SE SANGTERLING PLACE** CITY-ST-7IP CITY-ST-ZIP **HOBE SOUND FL 33455** ☐ Change Addition TITLE ☐ Delete TITLE NAME BINDER, BOB NAME STREET ADDRESS STREET ADDRESS 7575 SE GOLFHOUSE DR. CITY-ST-7IP CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME Brucker, Bob STREET ADDRESS STREET ADDRESS 7679 SE GOLFHOUSE DR. CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SULLIVAN, JOHN STREET ADDRESS STREET ADDRESS 7211 SE GOLFHOUSE DR. CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL 33455 TITLE ☐ Delete TITLE X Addition Golan Leonard 7056 SE Golfhouse Drive NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Hobe Sound CITY-ST-ZIP FI. 33455

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

SIGNATURE: