

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 10, 2012
Secretary of State**

DOCUMENT# 760269

Entity Name: VILLAS OF HOBE SOUND CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**7960 SE VILLA CIRCLE
HOBE SOUND, FL 33455**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 781
HOBE SOUND, FL 33475**New Mailing Address:****FEI Number:** 59-2254572**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CORNETT, JANE L ESQ
CORNETT, GOOGE & ASSOCIATES, P.A.
401 E OSCEOLA ST
STUART, FL 34994 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: DE RISI, NICHOLAS
Address: 8000 SE VILLA CIR
City-St-Zip: HOBE SOUND, FL 33455

Title: VD
Name: RAYMOND, LOZEFSKI
Address: 8020 SE VILLA CIR
City-St-Zip: HOBE SOUND, FL 33455

Title: TD
Name: EXTON, ROBERT
Address: 8085 SE VILLA CIR
City-St-Zip: HOBE SOUND, FL 33455

Title: SD
Name: SYLVIA, ANNE
Address: 7970 S.E. VILLA CIRCLE
City-St-Zip: HOBE SOUND, FL 33455

Title: D
Name: JONES, ELAINE
Address: 8006 SE VILLA CIRCLE
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NICHOLAS DE RISI

PD

05/10/2012

Electronic Signature of Signing Officer or Director

Date