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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Mar 19 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # L23471

(0)

HOBE SOUND REDEVELOPMENT CORP., INC.

Principal Place o		Mailing Address H.S.R. CORP INC.					
PO BOX 2146 HOBE SOUND FL 33475 US		PO BOX 2146 HOBE SOUND FL 33475-2146 US			Date Incorporated or Qualified 10/16/1989	3a. Date of Last Ro 07/29/1996	eporl
2. Principal Plac 21 Suite, Apt #,		2a. Mailing Address 26 Suite, Apt #, etc.			4. FEI Number 65-0157730 5. Certificate of Status Desired	Ap	plied For of Applicable Additional
City & State	· · · · · · · · · · · · · · · · · · ·	27 City & State 28			Certificate of Status Desired Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	May Be
Ζη, 24	Country 25 9. Name and Address of Curren	Zip 29 nt Registered Agent	Country 30	,	8. This corporation has liability for in Florida Statutes 10. Name and Address of New Reg	Yes No	199.032,
SAWYER, THOMAS R 2081 E. OCEAN BLVD. 2ND FLOOR				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)			
	RT FL 34996		83 84	City		85 Zip C	Code
11. Pursuant to office or reg	the provisions of Sections 607.000 stered agent, or both, in the State faretian with, and accept the object	02 and 607-1508, Florida Statu of Florida, Such change was alions of Sertion 607-0505, F	ites, the above authorized by Torida Statutes		poration submits this statement for the pition's board of directors. I hereby accep	FL	
SIGNATURE Sec	ealure type of or protect name of registered ag	ent annied applyable (NO	TE: Registered Age		red when reinstating)	2 20 97	
NAME SEREET ADORESS	PSTD DOUBLEDAY, NELSON PO BOX 605 N/A HOBE SOUND FL 33475	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S		ADDITIONS/CHANGES TO OFFICE	Change	S IN 12 Addition
THEE NAME STREET ADDRESS	D REED, ALITA W PO BOX 605 N/A HOBE SOUND FL 33475	DELETE	2 1 TITLE 2.2 NAME 2.3 STREET 2.4 City-5	ADDRESS		Change	Addition
TITLE NAME STREET ADDRESS COTY - ST- ZIP	11002 000110 12 00110	DELETE	3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-5	ADDRESS		☐ Change	Addition
NAME STREET ADDRESS		DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET	ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS		DELFTE	4.4 CITY - S 5.1 TITLE 5.2 NAME 5.3 STREET	ADDRESS:		Change	Addition
CHY-ST-ZIP TIPLE NAME STREET ADDISESS CHY-SE-ZIP		☐ DELETE	5.4 CITY - S 6.1 TITLE 6.2 NAME 6.3 STREET 6.4 CITY - S	ADDRESS		☐ Change	Addition
14. I do hereby information i	ndicated on this agright report or	Supplemental annual report is:	lify for the exe	mption stated trate and that tute this repo	d in Section 119 07(3)(i), Florida Statutes t my signature shall have the same legal rt as required by Chapter 607, Florida St	l effect as if made und tatutes; and that my n	der oath; that name
SIGNATU	RE: // //////	- Mul	11 /	ouglas	L. Patrick 3/14	y 546-79	00