

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90019 041 \*\*\*\*61.25

**DOCUMENT # N00000002949**

1. Entity Name

HOBE SOUND ANIMAL PROTECTION LEAGUE, INC.



Principal Place of Business

4546 SW HONEY TERRACE  
PALM CITY FL 34990

Mailing Address

4546 SW HONEY TERRACE  
PALM CITY FL 34990



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6452 S.W. MARKEL ST.

Suite, Apt. #, etc.

8706 SE ALGOZZINI Place

City & State

Palm City, FLORIDA

City & State

Hobe Sound FLORIDA

Zip

34990

Country

USA

Zip

33455

Country

USA

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-1015367

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHERLOCK, VIRGINIA P  
618 EAST OCEAN BLVD., SUITE 5  
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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME SINE, RITA M  
STREET ADDRESS 4546 SW HONEY TERRACE  
CITY-ST-ZIP PALM CITY FL 34990

TITLE D ☐ Delete  
NAME BENDER, PETER  
STREET ADDRESS 27 MERRIMACK STREET  
CITY-ST-ZIP CONCORD NH 03301

TITLE D ☒ Delete  
NAME FRENCH, JOAN  
STREET ADDRESS 299 S BEACH ROAD  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE D ☐ Delete  
NAME DOMENCICH, NEFELE  
STREET ADDRESS 429 S BEACH ROAD  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE S ☐ Delete  
NAME MCGRAW, ALLOLA  
STREET ADDRESS BOX 114  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE D ☐ Delete  
NAME CLARK, RITA  
STREET ADDRESS 146 GOMEZ ROAD  
CITY-ST-ZIP HOBE SOUND FL 33455

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE UP ☐ Change ☒ Addition  
NAME PAMELA WALKER  
STREET ADDRESS 6452 SW MARKEL  
CITY-ST-ZIP PALM CITY, FL 34990

TITLE TRUSTEE ☐ Change ☒ Addition  
NAME ELEONOR BOOTH  
STREET ADDRESS 8706 SE ALGOZZINI  
CITY-ST-ZIP HOBE SOUND FL 33455

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

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

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

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 exemptions contained in Section 119, 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 *Eleonor M. Booth Eleonor Booth* 2-21-06 (712) 546-9343