

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000004267

1. Entity Name
**HOBE SOUND BOAT RAMP AND DOCK ASSOCIATION,
INC.**



Principal Place of Business
**PO BOX 1912
HOBE SOUND, FL 33475-1912**

Mailing Address
**PO BOX 1912
HOBE SOUND, FL 33475-1912**

DO NOT WRITE IN THIS SPACE



03012006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-1085629

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GAYLORD, MARC R
9307-B S.E. OLYMPUS STREET
HOBE SOUND, FL 33455**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARTIN, PATRICK
9455 SE ATHENA ST
HOBE SOUND, FL 33455**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPTD
CARROLL, CHARLES
11899 SE INDIAN RIVER DR S.
HOBE SOUND, FL 33455**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAINEY, MIKE
9758 COWLES ST
HOBE SOUND, FL 33455**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JENKINS, HAROLD
12390 SE INDIAN RIVER DR S
HOBE SOUND, FL 33455**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CLARK, BANKS
9256 SE VENNS ST
HOBE SOUND, FL 33455**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COX, JACK
12171 HECKLER DR
HOBE SOUND, FL 33455**

**1100000454841
03/15/06-80031-016 61.25**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Charles Carroll VPTD Charles Carroll

03-01-06 722-6851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #