2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004267

FILED Aug 08, 2007 Secretary of State

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

	rincipal Place of Business:	New Principal Place of Business:
PO BOX 1912 HOBE SOUND, FL 334751912 Current Mailing Address:		12001 SE INDIAN RIVER DR HOBE SOUND, FL 33455 New Mailing Address:
n accordan	: 65-1085629 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did not re d Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desired () eceive the prior notice. Name and Address of New Registered Agent:
6AYLORD, MARC R 307-B S.E. OLYMPUS STREET IOBE SOUND, FL 33455 US		GAYLORD, MARC R 11700 SE OLD DIXIE HWY HOBE SOUND, FL 33455 US
	e named entity submits this statement for the purpe of Florida.	pose of changing its registered office or registered agent, or both,
BIGNATURE:		08/08/2007
	Electronic Signature of Registered Agent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Fitle: Name: Nddress: Dity-St-Zip:	D () Delete MARTIN, PATRICK 9455 SE ATHENA ST HOBE SOUND, FL 33455	Title: () Change () Addition Name: Address: City-St-Zip:
ītle: lame: lddress: city-St-Zip:	VPTD () Delete CARROLL, CHARLES 11899 SE INDIAN RIVER DR S. HOBE SOUND, FL 33455	Title: TD (X) Change () Addition Name: CARROLL, CHARLES Address: 11899 SE INDIAN RIVER DR S. City-St-Zip: HOBE SOUND, FL 33455
ītle: lame:	D () Delete RAINEY, MIKE 9758 COWLES ST HOBE SOUND, FL 33455	Title: () Change () Addition Name: Address:
	11002 000110, 12 00100	City-St-Zip:
City-St-Zip: Fitle: Name: Address:	PD () Delete JENKINS, HAROLD 12390 SE INDIAN RIVER DR S HOBE SOUND, FL 33455	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip:
Address: Dity-St-Zip: Vame: Address: Dity-St-Zip: Vitle: Vame: Address: Dity-St-Zip: Address: Dity-St-Zip:	PD () Delete JENKINS, HAROLD 12390 SE INDIAN RIVER DR S	Title: () Change () Addition Name: Address:

Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLES CARROLL TD 08/08/2007