

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004267

FILED
Feb 06, 2009
Secretary of State

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

Current Principal Place of Business:

12001 SE INDIAN RIVER DR
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

PO BOX 1912
HOBE SOUND, FL 334751912

New Mailing Address:

FEI Number: 65-1085629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAYLORD, MARC R
11700 SE OLD DIXIE HWY
HOBE SOUND, FL 33455 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: D () Delete
Name: MARTIN, PATRICK
Address: 9455 SE ATHENA ST
City-St-Zip: HOBE SOUND, FL 33455

Title: TD () Delete
Name: CARROLL, CHARLES
Address: 11899 SE INDIAN RIVER DR S.
City-St-Zip: HOBE SOUND, FL 33455

Title: D (X) Delete
Name: RAINEY, MIKE
Address: 9758 COWLES ST
City-St-Zip: HOBE SOUND, FL 33455

Title: PD () Delete
Name: JENKINS, HAROLD
Address: 12390 SE INDIAN RIVER DR S
City-St-Zip: HOBE SOUND, FL 33455

Title: SD () Delete
Name: CLARK, BANKS
Address: 9256 SE VENNS ST
City-St-Zip: HOBE SOUND, FL 33455

Title: VPD () Delete
Name: COX, JACK
Address: 12171 HECKLER DR
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

02/06/2009

Electronic Signature of Signing Officer or Director

Date