

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90024 014 ****61.25

DOCUMENT # N00000007671 1. Entity Name HIS PLACE BY THE SEA, INC.					
Principal Place of Business 734 SAND DOLLAR DR. SANIBEL, FL 33957				Mailing Address 734 SAND DOLLAR DR. SANIBEL, FL 33957	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
State, Apt. #, etc.		State, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1061825	
Zip		Zip		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				02042008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent MAYBEE, RICHARD G 734 SAND DOLLAR DR. SANIBEL, FL 33957				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 <u><i>Richard G. Maybee</i></u> DATE <u>3-8-08</u> Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reissuing)					
Filing Fee is \$61.25 Due by May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HETMANEK, JAMES 448 GLORY CIRCLE SANIBEL, FL 33957	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAYBEE, RICHARD G 734 SAND DOLLAR DR. SANIBEL, FL 33957	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAYBEE, BARBARA A 734 SAND DOLLAR DR. SANIBEL, FL 33957	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RO NAVE, BARBARA 9393 PEACEFUL SANIBEL, FL 33957	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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: <u><i>Richard G. Maybee</i></u> <u>3-8-08</u> <u>234-278-3041</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					