

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004040

FILED
Jul 10, 2006
Secretary of State

Entity Name: TALBOTT HOBE SOUND NO. 8 WAREHOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

12989 SE SUZANNE DR
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

12989 SE SUZANNE DR
HOBE SOUND, FL 33455

New Mailing Address:

12989 SE SUZANNE DR
UNIT # 11
HOBE SOUND, FL 33455

FEI Number: 06-1641701 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DUREN, JON
12989 SE SUZANNE DR
11
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

DUREN, JON
12989 SE SUZANNE DR
UNIT # 11
HOBE SOUND, FL 33455 US

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: _____

07/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUREN, JON
Address: 12989 SE SUZANNE DR
City-St-Zip: HOBE SOUND, FL 33455

Title: TSD () Delete
Name: KENT, KATHY
Address: 12989 SE SUZANNE DR
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: HASLEY, WILLIAM
Address: 704 POWREE ST
City-St-Zip: JUPITER, FL 33458

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHY KENT

TSD

07/10/2006

Electronic Signature of Signing Officer or Director

Date