


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

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000009298</b> 1. Entity Name <b>HOBE SOUND CONTRACTORS SHOWCASE CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>12920 SE SUZANNE DR HOBE SOUND, FL 33455</b>	Mailing Address <b>PO BOX 1381 HOBE SOUND, FL 33475</b>
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01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>89-1629703</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>CHAMBERS, DAVID H 12920 SE SUZANNE DR HOBE SOUND, FL 33455</b>	<div style="border: 1px solid black; padding: 20px; font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div>
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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 reappointing) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	1100000423707 02/18/06-80010-013 61.25
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	CHAMBERS, DAVID H
STREET ADDRESS	PO BOX 463
CITY-ST-ZIP	HOBE SOUND, FL 33475
TITLE	V
NAME	WESEL, ERIC T
STREET ADDRESS	8512 SE DUNCAN STREET
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	T
NAME	TUCKER, K MICHELLE
STREET ADDRESS	8122 SE SHILOH TERRACE
CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	S
NAME	MASON, JANEEN I
STREET ADDRESS	5467 SE 51ST DRIVE
CITY-ST-ZIP	STUART, FL 34997
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

<b>SIGNATURE:</b> 	<b>2-2-06</b> <small>Date</small>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Daytime Phone #</small>