

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90032 043 ****61.25

DOCUMENT # N03000009298

1. Entity Name
**HOBE SOUND CONTRACTORS SHOWCASE
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**12920 SE SUZANNE DR
HOBE SOUND, FL 33455**

Mailing Address
**PO BOX 1381
HOBE SOUND, FL 33475**

40006638



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
89-1629703

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAMBERS, DAVID H
12920 SE SUZANNE DR
HOBE SOUND, FL 33455**

Name **Eric T. Wesel**

Street Address (P.O. Box Number is Not Acceptable)

8512 S.E. DUNCAN ST

City **Hobe Sound**

FL Zip Code **33455**

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

Eric T. Wesel

3-12-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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 ☒ Delete
NAME **CHAMBERS, DAVID H**
STREET ADDRESS **PO BOX 463**
CITY-ST-ZIP **HOBE SOUND, FL 33475**

TITLE ☒ Change ☐ Addition
NAME **Eric Wesel**
STREET ADDRESS **8512 SE. DUNCAN ST**
CITY-ST-ZIP **Hobe Sound, FL 33455**

TITLE ☐ Delete
NAME **WESEL, ERIC T**
STREET ADDRESS **8512 SE DUNCAN STREET**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE ☐ Change ☒ Addition
NAME **James B. Tucker**
STREET ADDRESS **8122 S.E. Shiloh Terr**
CITY-ST-ZIP **Hobe Sound, FL 33455**

TITLE ☐ Delete
NAME **TUCKER, K MICHELLE**
STREET ADDRESS **8122 SE SHILOH TERRACE**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **MASON, JANEEN I**
STREET ADDRESS **5467 SE 51ST DRIVE**
CITY-ST-ZIP **STUART, FL 34997**

TITLE ☐ Change ☒ Addition
NAME **MARK JOHNSON**
STREET ADDRESS **10381 S.E. JUPITER NARROWS DR.**
CITY-ST-ZIP **Hobe Sound, FL 33455**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-07

772 341 7527