

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 OCT -5 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09132007 Chg-NP CR2E037 (12/06)

DOCUMENT # N11849 1. Entity Name HOBE SOUND FINE ARTS LEAGUE, INC.					
Principal Place of Business 8979 SE BRIDGE RD HOBE SOUND, FL 33455 US			Mailing Address P.O. BOX 993 HOBE SOUND, FL 33475 US		
2. Principal Place of Business - No P.O. Box # <i>Same as above</i>		3. Mailing Address <i>Same as above</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number NOT APPLICABLE			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LOTUFO, ANGELA 6323 SE AMES WAY HOBE SOUND, FL 33455			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENNER, MARILYN		NAME	700110518137	
STREET ADDRESS	2666 SWOLDIS PL		STREET ADDRESS	10/09/07--01016--002 **\$61.25	
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHAPIRO, CONNIE		NAME		
STREET ADDRESS	6236 SE AMES WAY		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOTUFO, ANGELA		NAME		
STREET ADDRESS	6323 SE AMES WAY		STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRALEWSKI, MARGARET		NAME		
STREET ADDRESS	2929 SE OCEAN BLVD 123-8		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINELO, MARY		NAME	Shiela Rea Coolidge	
STREET ADDRESS	12693 SE CASCADES CT		STREET ADDRESS	13023 SE HOBE Hills Drive	
CITY-ST-ZIP	HOBE SOUND, FL 33455		CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Angela Lotufo</i>			Date: <i>Sept 10, 2007</i> (545 08 32)		