


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State

03-04-2008 90018 021 ****70.00

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
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02252008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" 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

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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 <u>ANGELA M. LOTUFO</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>Angela Lo Iulio</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	<u>2/25/08</u> <small>DATE</small>
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Filing Fee is \$61.25 Due by May 1, 2008 <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENNER, MARILYN 2666 SWOLDIS PL STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHAPIRO, CONNIE 6236 SE AMES WAY HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOTUFO, ANGELA 6323 SE AMES WAY HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRALEWSKI, MARGARET 2929 SE OCEAN BLVD 123-8 STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COOLIDGE, SHIELA REA 13023 SE HOBE HILLS DRIVE HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Margaret Scott 8551 SE Soundings PL. Hobe Sound, FL 33455

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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>Angela M Lo Iulio</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2/25/08</u> <small>Date</small>	<u>(772) 545 08 32</u> <small>Daytime Phone #</small>
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