

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23962

FILED  
Feb 06, 2009  
Secretary of State

Entity Name: HOBE SOUND GOLF CLUB, INC.

## Current Principal Place of Business:

11671 SE PLANDOME DR  
HOBE SOUND, FL 33455 US

## New Principal Place of Business:

## Current Mailing Address:

11671 SE PLANDOME DR  
HOBE SOUND, FL 33455 US

## New Mailing Address:

FEI Number: 65-0029400

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WOOLDRIDGE, BRIAN  
11671 SE PLANDOME DR.  
HOBE SOUND, FL 33455 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MALOOF, RICHARD  
Address: 11502 SE PLANDOME DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: VPD ( ) Delete  
Name: BENINCASA, ANTHONY  
Address: 17109 S. E. LIMRICK CT  
City-St-Zip: TEQUESTA, FL 33469

Title: SD ( ) Delete  
Name: ANGLAND, ROBERT  
Address: 11791 SE PLANDOME DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: TD ( ) Delete  
Name: BATT, JAMES  
Address: 19800 U.S. HIGHWAY ONE , UNIT 508  
City-St-Zip: TEQUESTA, FL 33469

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: LANDRY, LAWRENCE  
Address: 7701 MANHASSET PLACE  
City-St-Zip: HOBE SOUND, FL 33455

Title: SD (X) Change ( ) Addition  
Name: BABIN, CHARLES  
Address: 11467 SE PLANDOME DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

Title: TD (X) Change ( ) Addition  
Name: BABIN, CHARLES  
Address: 11467 S. E. PLANDOME DRIVE  
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD MALOOF

PD

02/06/2009

Electronic Signature of Signing Officer or Director

Date