2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N23972

Entity Name: HOBE SOUND GOLF CLUB PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1061 E. INDIANTOWN RD.
SUITE 410
JUPITER, FL 33477 US

New Principal Place of Business:

Current Mailing Address:

1061 E. INDIANTOWN RD.
SUITE 410
JUPITER, FL 33477 US

New Mailing Address:

FEI Number: 65-0029395 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KUNKLE, CRAIG
275 TONEY PENNA DR #7
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

KUNKLE, CRAIG
1061 EAST INDIANTOWN RD SUITE #410
JUPITER, FL 33577 US

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: CRAIG B. KUNKLE 03/17/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CRAIG, DAVID J
Address: 11430 SE PLANDOME DRIVE
City-St-Zip: HOBE SOUND, FL 33455

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

Title: VP ( ) Delete
Name: ROTHENBURG, BRUCE
Address: 11586 SE PLANDOME DRIVE
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: ANGLAND, BOB
Address: 11791 PLANDOME DRIVE
City-St-Zip: HOBE SOUND, FL 33455

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

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: DAVID CRAIG PD 03/17/2009
Electronic Signature of Signing Officer or Director Date