

N23972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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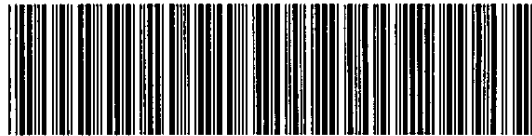
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A.

TB

JUL 17 2009

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HOBE SOUND GOLF CLUB POA, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N23972

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHN GALLAND  
Name of Contact Person

HOBE SOUND GOLF CLUB POA, INC.  
Firm/Company

11671 S. E. PLANDOME DRIVE  
Address

HOBE SOUND, FL 33455  
City/State and Zip Code

controller@hobesoundgolfclub.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN GALLAND at ( 772 ) 546-4600 EXT 14  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HOBE SOUND GOLF CLUB PROPERTY OWNERS' ASSOCIATION, INC.  
2. The principal office address: 11671 S. E. PLANDOME DRIVE  
HOBE SOUND, FL 33455  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 1-17-2003 Document number: N23972

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Craig Kunkle  
1061 E Indiantown Rd Ste 410  
Jupiter, FL 33577

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JOHN GALLAND - CAM #27602

11671 S. E. PLANDOME DRIVE

P.O. Box NOT acceptable

HOBE SOUND, FL 33455


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

BRUE ROTHENBERG-TREASURER  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

6/30/09  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)