

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90014 010 ****61.25

DOCUMENT # N28497

1. Entity Name
**SEA PINES OF HOBE SOUND HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**10879 SE SEA PINES CIRCLE
HOBE SOUND, FL 33455**

Mailing Address
**1930 COMMERCE LN #1
JUPITER, FL 33458**

40031967



02262007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0325561

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INGLIS, STEVE
1930 COMMERCE LN.
SUITE #1
JUPITER, FL 33458**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 PD
NAME GRAUSO, LENNY ☐ Delete
STREET ADDRESS 10880 SE SEA PINES CIRCLE
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VARRICCHIO, ANTHONY
STREET ADDRESS 10918 SE STONEHILL LN
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE ☒ Change ☐ Addition
NAME VP & TREAS D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME KEEGAN, ANN
STREET ADDRESS 8099 SE BRISTOL CONE PLACE
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME GRAY, BONJA A
STREET ADDRESS 10620 SW SEA PINES CIR
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DARRETTA, JOSEPH
STREET ADDRESS 11133 SE SEAPINES CIR
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE ☒ Change ☐ Addition
NAME 2 VP & SECY D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Leonard Grauso* **LEONARD GRAUSO - PRES. 2-28-07 546-7146**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #