


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90027 027 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 543 NW Lake Whitney Pl	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 101-102	
City & State		City & State Port St Lucie, FL	
Zip	Country	Zip	Country
34982	USA	34982	USA
4. FEI Number 65-0325561		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD GRAUSO, LENNY 10880 SE SEA PINES CIRCLE HOBE SOUND, FL 33455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAYMOND CARULLI 10807 SE SEA PINES CIRCLE HOBE SOUND, FL 33455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD VARRICCHIO, ANTHONY 10918 SE STONEHILL LN HOBE SOUND, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TONY VARRICCHIO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD DARRETTA, JOSEPH 11133 SE SEAPINES CIR HOBE SOUND, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D JOE DARRETTA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SONJA GRAY 10820 SE SEA PINES CIR HOBE SOUND, FL 33455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANN REEGAN 8099 SE BRISTLECONE PL HOBE SOUND, FL 33455 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Sonja A. Gray, Treasurer</i>		3-17-08 772 214-8687	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SONJA A. GRAY, TREASURER		Date Daytime Phone #	