

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28497

FILED
Mar 19, 2012
Secretary of State

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

Current Principal Place of Business:

543 NW LAKE WHITNEY PLACE
SUITE 101 - 102
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

543 NW LAKE WHITNEY PLACE
SUITE 101 - 102
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 65-0325561 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

INGLIS, STEVE
1930 COMMERCE LN.
SUITE #1
JUPITER, FL 33458 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
Name: BERRY, RON
Address: 543 NW LAKE WHITNEY PLACE, SUITE 101
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: TD
Name: PAINTER, BARBARA
Address: 543 NW LAKE WHITNEY PLACE, SUITE 101
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: SD
Name: GRAUSO, DOROTHY
Address: 543 NW LAKE WHITNEY PLACE, SUITE 101
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D
Name: GIORDANO, NICK
Address: 543 NW LAKE WHITNEY PLACE, SUITE 101
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VP
Name: BRESSER, JACK
Address: 543 NW LAKE WHITNEY PLACE, SUITE 101
City-St-Zip: PORT ST LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: RON BERRY

PD

03/19/2012

Electronic Signature of Signing Officer or Director

_____ Date