

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30653

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE PRESERVE OF HOBE SOUND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5035 PRESERVE TRACE
HOBE SOUND, FL 33475 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 335
HOBE SOUND, FL 33475 US

New Mailing Address:

FEI Number: 65-0134472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'ROURKE, JOHN J
5021 SE INKWOOD WAY
HOBE SOUND, FL 33455 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: D () Delete
Name: SCUTILLO, RALPH
Address: 7435 SE FIDDLEWOOD LANE
City-St-Zip: HOBE SOUND, FL 33455

Title: SD () Delete
Name: MEIER, PAUL
Address: 7175 SE BITTERROOT CIRCLE
City-St-Zip: HOBE SOUND, FL 33455

Title: PD () Delete
Name: O'ROURKE, JOHN
Address: 5021 SE INKWOOD WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: VD () Delete
Name: MEYER, DIERK
Address: 7339 SE FIDDLEWOOD LANE
City-St-Zip: HOBE SOUND, FL 33455

Title: TD () Delete
Name: EBBECKE, VINCENT
Address: 7745 SE NEEDLE PALM CIR.
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: YEAGER, CHARLES
Address: 7521 SE AUTUMN LANE
City-St-Zip: HOBE SOUND, FL 33455

Title: SD (X) Change () Addition
Name: PENACHIO, JACK
Address: 5045 INKWOOD WAY
City-St-Zip: HOBE SOUND, FL 33455

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

Title: VD (X) Change () Addition
Name: DODGE, CHARLES
Address: 7661 SE BAY CEDAR
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: JOHN OROURKE

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date