**FILE NOW: FILING FEE IS \$61.25 FILED** NONPROFIT FLORIDA DEPARTMENT OF STATE Feb 03 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 Secretary of State DOCUMENT # N30908 (0) HOBE SOUND COMMERCE PARK OWNERS ASSOCIATION, INC Principal Place of Business Mailing Address 3401 WASHINGTON RD 3401 WASHINGTON RD 3. Date Incorporated or Qualified WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 02/28/1989 4. FEI Number Applied For 65-0215016 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes ☐ No 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent RC. TYLANDER Street Address (P.O. Box Number is Not Acceptable) 3401 WASHINGTON RD 83 SUITE 300 WEST PALM BEACH FL 33405 Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) CFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Change Addition TITLE NAME TYLANDER, R.C. 1.2 NAME STREET ADDRESS 3401 WASHINGTON AVENUE 1.3 STREET ADDRESS W. PALM BEACH FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE STD 2.1 TITLE TYLANDER, BETTY M. NAME 2.2 NAME 3401 WASHINGTON AVENUE STREET ADDRESS 2.3 STREET ADDRESS W. PALM BEACH FL CMY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE NAME CARR, C. ADRIAN 3.2 NAME 3401 WASHINGTON AVENUE STREET ADDRESS 3.3 STREET ADDRESS W. PALM BEACH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TIZE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if chapged, or on an attachment with an address.

5.4 CITY - ST- ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

☐ DELETE

お原ととTURE REQUIRED SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

1/17/92 (541) 833-2863

Change

Addition