

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43254

FILED
Feb 02, 2005
Secretary of State

Entity Name: SEA PINES OF HOBE SOUND SERVICES, INC.

Current Principal Place of Business:

10879 S E SEA PINES CIRCLE
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

8195 FOX HILL PLACE
HOBE SOUND, FL 33455

New Mailing Address:

FEI Number: 65-0260342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAS, NORMAN
10831 S.E. SEA PINES CIRCLE
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: VD () Delete
Name: PERSSON, CONSTANCE
Address: 11182 S.E. SEA PINES CIRCLE
City-St-Zip: HOBE SOUND, FL

Title: P () Delete
Name: DIAS, NORMAN
Address: 10831 SE SEA PINES CIR
City-St-Zip: HOBE SOUND, FL 33455

Title: TD () Delete
Name: MARITZ, DOROTHY,
Address: 8175 SE FOX HILL PL
City-St-Zip: HOBE SOUND, FL 33455

Title: VD () Delete
Name: GOODCUFF, HAROLD
Address: 10808 SE SEA PINES CIR
City-St-Zip: PUNTA GORDA, FL 33955

Title: VP () Delete
Name: COLEMAN, EDWARD W
Address: 10838 SEA PINES CIR
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VD (X) Change () Addition
Name: GOODCUFF, HAROLD
Address: 10808 SE SEA PINES CIR
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 for the exemption stated in Section 119.07(3)(i), 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: NORMAN R DIAS

P

02/02/2005

Electronic Signature of Signing Officer or Director

Date