

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # N49312 1. Entity Name HOBIE FLEET 11, INC.	
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Principal Place of Business 1728 DOWN LAKE DR WINDERMERE, FL 34786 US	Mailing Address 1728 DOWN LAKE DR WINDERMERE, FL 34786 US
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DO NOT WRITE IN THIS SPACE



03212005 No Chg-NP CR2E037 (10/03)

4. FEI Number 26-4885596	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOXMAN, MARK J 1728 DOWN LAKE DR. WINDERMERE, FL 34786	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADIANO, LOUIE 2120 W. PINE STREET ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOEWEN, RICK 840 GROVESMERE LOOP OCFEE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM, KATHY PO BOX 1627 MINEOLA, FL 34755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOXMAN, MARK J 1728 DOWN LAKE DR WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **MARK J BOXMAN** 3/21/05 407-876-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #