

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N49312

1. Entity Name
HOBIE FLEET 11, INC.



Principal Place of Business
**1728 DOWN LAKE DR
WINDERMERE, FL 34786 US**

Mailing Address
**1728 DOWN LAKE DR
WINDERMERE, FL 34786 US**



02152006 No Chg-NP CR2E037 (11/05)

4. FEI Number
26-4885596

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BOXMAN, MARK J
1728 DOWN LAKE DR.
WINDERMERE, FL 34786**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1110000461654
03/21/06-80006-005 61.25

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 exemptions contained 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 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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06
Date

407-877-1699
Daytime Phone #