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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000001348 (2)

1. Corporation Name

HOBE SOUND WOMEN'S CLUB, INC.



Principal Place of Business

8044 SOUTHEAST CARLTON STREET  
HOBE SOUND FL

Mailing Address

P O BOX 8042  
HOBE SOUND FL 33475  
US

3. Date Incorporated or Qualified  
03/22/1993

3a. Date of Last Report  
03/16/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

TOWNER, JOANNE  
8044 SOUTHEAST CARLTON STREET  
HOBE SOUND FL

4. FEI Number  
65-0353439

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME JOHNSON, MARY  
STREET ADDRESS 929 SE DUNCAN ST  
CITY-ST-ZIP HOBE SOUND FL

TITLE VD  
NAME FOY, SHELLEY  
STREET ADDRESS 8668 WOODWIND ST  
CITY-ST-ZIP HOBE SOUND FL

TITLE SD  
NAME PRESTEGARD, LOU ANN  
STREET ADDRESS 8931 SE EAGLE AVE  
CITY-ST-ZIP HOBE SOUND FL

TITLE TD  
NAME RICHARDS, SHARON  
STREET ADDRESS 8816 SE MAY TERR  
CITY-ST-ZIP HOBE SOUND FL

TITLE SD  
NAME EVANS, BETTE  
STREET ADDRESS 8571 SE SOUNDINGS PLACE  
CITY-ST-ZIP HOBE SOUND FL

TITLE VD  
NAME WOLFE, PAT  
STREET ADDRESS 4862 SE HEARTLEAF TERRACE  
CITY-ST-ZIP HOBE SOUND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME EVANS, ELIZABETH  
1.3 STREET ADDRESS 8571 SE SOUNDINGS PLACE  
1.4 CITY-ST-ZIP HOBE SOUND FL 33455

2.1 TITLE VD  
2.2 NAME HERB, JOYCE  
2.3 STREET ADDRESS 6003 ORANGE BLOSSOM TRAIL  
2.4 CITY-ST-ZIP HOBE SOUND FL 33544

3.1 TITLE SD  
3.2 NAME TOWNER, JOANNE  
3.3 STREET ADDRESS 8044 SE CARLTON STREET  
3.4 CITY-ST-ZIP HOBE SOUND FL 33455

4.1 TITLE SD  
4.2 NAME RICHARDS, SHARON  
4.3 STREET ADDRESS 8816 SE MAY TERRACE  
4.4 CITY-ST-ZIP HOBE SOUND FL 33455

5.1 TITLE TD  
5.2 NAME PRESTEGARD, LOU ANN  
5.3 STREET ADDRESS 8931 SE EAGLE AVE  
5.4 CITY-ST-ZIP HOBE SOUND FL 33455

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE:

*Lou Ann Prestegard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOU ANN PRESTEGARD, TREASURER/DIRECTOR

April 16, 1996 (407) 546-7555

Date

Daytime Phone #

CR2E037 (12/95)