FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 26 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

CITY-ST-ZIP

N93000001348 (2)

HOBE SOUND WOMEN'S CLUB, INC.				
Principal Plac	e of Business	Mailing Address		
8044 SOUTHE/ HOBE SOUND	AST CARLTON STREET FL	P O BOX 8042 HOBE SOUND FL 33475 US		3. Date Incorporated or Qualified 03/22/1993 4. FEI Number Applied For
2 Principal P	Place of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	65-0353439 Not Applicable
21 92 Suite, Apt.	36-SEVENUS S	26		5. Certificate of Status Desired S8.75 Additional Fee Required
22 Suite, Apr.	#, BIC.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Stat	6 / 10/	City & State		7. Is this nonprofit corporation a homeowners association?
23/10h	ESOURG PL	28		Yes No
Zip	334/55 Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24 1	9. Name and Address of Current	29 Registered Agent	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
			81 Name	A M / Charles and Address of How Progration Agent
TOWNER, JOANNE			Address (B.O. Bay Alumber is Not Appetable)	
8044 SOUTHEAST CARLTON STREET			Address (P.O. Box Number is Not acceptable)	
HOBE S	OUND FL		83	
			84 City	obe Sound FL 85 Zin 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent.				
SIGNATURE CARL MCCASC TREASURES 1/19/98				
	Signature, typed or printed name of registered agent		E: Registered Agent algnature	
12. TITLE	OFFICERS AND	DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	EVANS, ELIZABETH	JES DECEN	1.2 NAME	
STREET ADDRESS	8571 SE SOUNDINGS PLACE		1.3 STREET ADDRESS	Heather Benedict 6342 SESherwood St.
CITY-ST-ZIP	HOBE SOUND FL		1.4 CITY-ST-ZIP	Huba Salar BC REYSS
TITLE	VD .	DELETE	2.1 TITLE	V D
NAME	BE NEDICT, HEATHER	-	2.2 NAME	Joyce Herb
STREET ADDRESS	6432 S.E. SHERWOOD STREET	•	2.3 STREET ADDRESS	6003 Orange Blossom Irail
CITY-ST-ZIP	HOBE SOUND FL		2. 4 CITY+ST+ZIP	Hobe Sound FL 38455
TITLE	SD TOWNED TOWNED	DELETE	3.1 TITLE	Z Change ☐ Addition
NAME	TOWNER, JOANNE		3.2 NAME	Loy Copart
STREET ADORESS	8044 SE CARLTON ST HOBE SOUND FL		3.3 STREET ADDRESS	6967 SE Ceres OT.
CITY-ST-ZIP TITLE	SD SD	DELETE	3.4. City-St-ZIP 4.1 Title	Hobe Sound FL 3.3455
NAME	JOHNSON, MARY	F	4. 2 NAME	Mary Graham
STREET ADDRESS	929 S.E. DUNCAN ST.			9015 SE Hobe Ridge Ave
CITY-ST-ZIP	HOBE SOUND FL	,	4.4 CITY-ST-ZIP	Hobe Sound FL 33455
TITLE	TD	DELETE	5.1 TITLE	Hobe Sound FL 33455
NAME	MURRAY, BARBARA		5.2 NAME	Anne Clark CI
STREET ADDRESS	7763 S.E. BAY CEDAR CIR.		5.3 STREET ADDRESS	Anne Clark 9254 SE Venus St.
CITY-ST-ZIP	HOBE SOUND FL		5.4 CITY - ST - ZIP	Hobe Sound FL 33455
TITLE		☐ DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

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 changed, or on an attachment with an address.

6.4 CITY - ST - ZIP