

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90233 031 \*\*\*\*\*61.25

**DOCUMENT # N93000001348**

1. Entity Name

HOBE SOUND WOMEN'S CLUB, INC.



Principal Place of Business

8389 SE CAMELLIA  
HOBE SOUND FL 33455  
US

Mailing Address

P O BOX 8042  
HOBE SOUND FL 33475  
US

14021720



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0353439

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, LEE  
8389 SE CAMELLIS DR  
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name Mahoney, Mary

Street Address (P.O. Box Number is Not Acceptable)  
4486 SE Nimrod Ln

City Stuart

FL

Zip Code  
34997

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

Mary Mahoney

MARY Mahoney

4/26/04

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME EVANS, BETTE  
STREET ADDRESS 8571 SE SOUNDINGS PLACE  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE VD ☒ Delete  
NAME MASON, LAUREN  
STREET ADDRESS 9306 SE VENUS ST  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE 2VP ☐ Delete  
NAME STONEMETZ, NARY  
STREET ADDRESS 9444 SE KINGSLEY ST  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE S ☒ Delete  
NAME LATES, LYNN  
STREET ADDRESS 8374 SE WOODCREST PLACE  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE SD ☒ Delete  
NAME MILLER, LEE  
STREET ADDRESS 8389 SE CAMELLIA DR  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME Mason Lauren  
STREET ADDRESS 9306 SE Venus St  
CITY-ST-ZIP Hobe Sound FL 33455

TITLE VD ☐ Change ☒ Addition  
NAME Adele Van Sciver  
STREET ADDRESS 445 SW St Lucie St  
CITY-ST-ZIP Stuart FL 34997

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition  
NAME Martz, Carol  
STREET ADDRESS 8524 Seagrape Way  
CITY-ST-ZIP Hobe Sound FL 33455

TITLE SD ☐ Change ☒ Addition  
NAME Mahoney, Mary  
STREET ADDRESS 4486 SE Nimrod Ln  
CITY-ST-ZIP Stuart FL 34997

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

Mary Mahoney

MARY Mahoney

4/24/04

5617463552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #