# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Mar 03, 2006 8:00 am**
**Secretary of State**
03-03-2006 90114 033 ****70.00

DOCUMENT # N93000001348

1. Entity Name

HOBE SOUND WOMEN'S CLUB, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8389 SE CAMELLIA<br>HOBE SOUND FL 33455<br>US | P O BOX 8042<br>HOBE SOUND FL 33475<br>US |

1st MOORE CR2E037 (10/05)

2. Principal Place of Business: 9835 SE Crape Myrtle Ct
Suite, Apt. #, etc.:
City & State: Hobe Sound FL
Zip: 33455 Country: USA

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 CAMELLIA DR
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

Name: Susan Rams Thaler
Street Address (P.O. Box Number is Not Acceptable): 9835 SE Crape Myrtle Ct
City: Hobe Sound FL Zip Code: 33455

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: Susan M. Rams Thaler 2-22-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2006**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MASON, LAUREN<br>445 SW ST LUCIE ST<br>STUART FL 34997 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>VANSCIVER, ADELE<br>445 SW St Lucie St<br>STUART, FL 34997 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>LEATHER, LESLIE<br>7654 SEMUIREWOODS<br>STUART FL 34997 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 2VP<br>STONEMETZ, NARY<br>9444 SE KINGSLEY ST<br>HOBE SOUND FL 33455 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 2VD Susan MacDonald<br>7540 SE Marsh Fern<br>Hobe Sound FL, 33455 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>EVANS, BETTE<br>8571 SE SCUMDINGS PLACE<br>HOBE SOUND FL 33455 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MILLER, LEE<br>8389 SE CAMELLIA DR<br>HOBE SOUND FL 33455 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD TD<br>RAMSthaler, Susan<br>9835 SE CRAPE Myrtle Ct<br>Hobe Sound, FL 33455 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>JOHNSON, MARY<br>12699 SE CASCADES ST<br>HOBE SOUND FL 33455 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Carol Martz<br>6021 SE Martinique Dr 101<br>Stuart Fl 34997 | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

**SIGNATURE:** Susan M. Rams Thaler 2-22-06 772 546 8894