

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90039 037 ****61.25

DOCUMENT # N93000001348	
1. Entity Name HOBE SOUND WOMEN'S CLUB, INC.	

Principal Place of Business 9835 SE CRAPE MYCTLE CT HOBE SOUND FL 33455 US	Mailing Address P O BOX 8042 HOBE SOUND FL 33475 US
--	---

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0353439		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent RAMS THALER, SUSAN 9835 SE CRAPE MYRTLE CT HOBE SOUND FL 33455		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
--	--	---	--

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* DATE 2/28/08

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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	VD. VANSIVER, ADELE 445 SW ST LUCIE ST STUART FL 34997 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEATHER, LESLIE 7654 SEMUIREWOODS STUART FL 34997 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Stephanie Milla zzo ☐ Change ☐ Addition 7654 SEMUIREWOOD LANE Hobe Sound, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MACDONALD, SUSAN 7540 SE MARSH FERN HOBE SOUND FL 33455 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, BETTE 8571 SE SCUMDINGS PLACE HOBE SOUND FL 33455 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAMSTHALEY, SUSAN 9835 SE CRAPE MYRTLE CT HOBE SOUND FL 33455 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUSAN RAMSTHALEY ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP CARROZZA, PAMELA 7248 SE MAGELLAN LN. STUART FL 34997 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ 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* February 28, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR