2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2009
Secretary of State

DOCUMENT# N93000001348

Entity Name: HOBE SOUND WOMEN'S CLUB, INC.

Current Principal Place of Business:

9835 SE CRAPE MYCTLE CT
HOBE SOUND, FL 33455 US

New Principal Place of Business:

9835 SE CRAPE MYRTLE CT
HOBE SOUND, FL 33455 US

Current Mailing Address:

P O BOX 8042
HOBE SOUND, FL 33475 US

New Mailing Address:

FEI Number: 65-0353439 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMS THALER, SUSAN
9835 SE CRAPE MYRTLE CT
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

RAMSTHALER, SUSAN M
9835 SE CRAPE MYRTLE CT
HOBE SOUND, FL 33455 US

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.

SIGNATURE: SUSAN M RAMSTHALER 02/22/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: VANSCIVER, ADELE
Address: 445 SW ST LUCIE ST
City-St-Zip: STUART, FL 34997

Title: SD ( ) Delete
Name: MILLAZZO, STEPHANIE
Address: 7654 SEMUIREWOODS
City-St-Zip: STUART, FL 34997

Title: SD ( ) Delete
Name: MACDONALD, SUSAN
Address: 7540 SE MARSH FERN
City-St-Zip: HOBE SOUND, FL 33455

Title: VD ( ) Delete
Name: EVANS, BETTE
Address: 8571 SE SCUMDINGS PLACE
City-St-Zip: HOBE SOUND, FL 33455

Title: TD ( ) Delete
Name: RAMSTHALER, SUSAN
Address: 9835 SE CRAPE MYRTLE CT
City-St-Zip: HOBE SOUND, FL 33455

Title: PD ( ) Delete
Name: CARROZZA, PAMELA
Address: 7248 SE MAGELLAN LN.
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: MILLAZZO, STEPHANIE
Address: 7654 SE MUIRWOODS
City-St-Zip: STUART, FL 34997

Title: SD (X) Change ( ) Addition
Name: FYOCK, PHYLLIS
Address: 6973 SE BUNKER HILL
City-St-Zip: HOBE SOUND, FL 33455

Title: SD (X) Change ( ) Addition
Name: RAYMAN, ROSEMARY
Address: 8744 SE FAIRWINDS WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN M RAMSTHALER TD 02/22/2009
Electronic Signature of Signing Officer or Director Date