

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002109 (5)

1. Corporation Name

COMMUNITY COALITION OF HOBE SOUND, INC.

Principal Place of Business

8743 SE FAIRWINDS WAY
HOBE SOUND FL 33455

Mailing Address

8743 SE FAIRWINDS WAY
HOBE SOUND FL 33455



3. Date Incorporated or Qualified
05/03/1995

3a. Date of Last Report

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PEREZ, SUSAN
8743 SE FAIRWINDS WAY
HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

200001882792
-07/03/96--01021--036

***61.25

FL 85 Zip 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when running)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PEREZ, SUSAN
STREET ADDRESS 8743 SE FAIRWINDS WAY
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE SD ☐ DELETE

NAME SIMPSON, BICK
STREET ADDRESS PO BOX 1106 N/A
CITY-ST-ZIP HOBE SOUND FL 33475

TITLE TD ☒ DELETE

NAME MENNA, JOE
STREET ADDRESS 11711 SE FEDERAL HWY, FISRT NATIONAL BANK
CITY-ST-ZIP HOPE SOUND FL 33455

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD ☒ Change ☐ Addition

12 NAME PEREZ, SUSAN
13 STREET ADDRESS 8743 SE FAIRWINDS WAY
14 CITY-ST-ZIP HOBE SOUND, FL 33455

21 TITLE TD ☒ Change ☐ Addition

22 NAME SIMPSON, BICK
23 STREET ADDRESS 101 HARBOR WAY
24 CITY-ST-ZIP HOBE SOUND, FL 33455

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE VP D ☐ Change ☒ Addition

42 NAME Gregory Vann Buckle
43 STREET ADDRESS 7798 SE Kingsway St.
44 CITY-ST-ZIP Hobe Sound, FL 33455

51 TITLE SD ☐ Change ☒ Addition

52 NAME Kathy Spurgeon
53 STREET ADDRESS 12010-B SE Dixie Highway
54 CITY-ST-ZIP Hobe Sound, FL 33455

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Susan Perez Susan Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

Date

(407) 546-7966

Daytime Phone

CR2E037 (12/95)