

FILE NOW: FILING FEE IS \$61.25

FILED  
Aug 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002109 (5)**

1. Corporation Name

**COMMUNITY COALITION OF HOBE SOUND, INC.**



Principal Place of Business <b>8743 SE FAIRWINDS WAY HOBE SOUND FL 33455</b>	Mailing Address <b>8743 SE FAIRWINDS WAY HOBE SOUND FL 33455</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>05/03/1995</b>	4. FEI Number <b>65-0671819</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>PEREZ, SUSAN 8743 SE FAIRWINDS WAY HOBE SOUND FL 33455</b>	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
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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 *Susan L. Perez* DATE 7/24/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>PEREZ, SUSAN</b>
STREET ADDRESS	<b>8743 SE FAIRWINDS WAY</b>
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>SIMPSON, BICK</b>
STREET ADDRESS	<b>101 HARBOR WAY</b>
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BUCKLE, GREGORY V</b>
STREET ADDRESS	<b>7798 SE KINGSWAY ST</b>
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SPURGEON, KATHY</b>
STREET ADDRESS	<b>12010-B SE DIXIE HWY</b>
CITY-ST-ZIP	<b>HOBE SOUND FL 33455</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>BUCKLE, Gregory V</b>
1.3 STREET ADDRESS	<b>7798 SE Kingsway St.</b>
1.4 CITY-ST-ZIP	<b>HOBE SOUND, FL 33455</b>
2.1 TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Susan Perez</b>
2.3 STREET ADDRESS	<b>8743 SE FAIRWINDS WAY</b>
2.4 CITY-ST-ZIP	<b>HOBE SOUND, FL 33455</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DONNA OMANOFF</b>
4.3 STREET ADDRESS	<b>12808 SE HOBE HILLS DR.</b>
4.4 CITY-ST-ZIP	<b>HOBE SOUND, FL 33455</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 L. Perez* DATE: 7/24/1998 561-845-0808

CR2E037 (10/97)