## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N95000005564

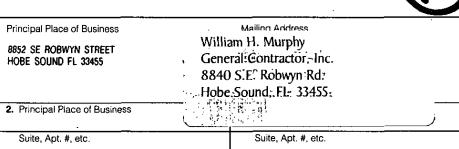
1. Entity Name

## HOBE SOUND COMMERCE CENTER CONDOMINIUM ASSOCIATI



## FILED Aug 17, 2000 8:00 am Secretary of State

08-17-2000 90101 034 \*\*\*\*61.25





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2. Principal P	10 z 11						il delet bitat etija	BIRIK BIBK 1081			
Suite, Apt. #, etc. S			Suite, Apt.	uite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State Ci			City & Star	ty & State			4. FEI Numbe	NOT APPLICABLE  Applied For  Not Applicab			}
Zìp		Country	Zip	Country		try	5. Certificate	of Status Desired	\$8.75 Ad	Iditional	
6. Name and Address of Current Registered Agent							7. Name and	Address of New Registere			1
V. Hallie alla Adardos di Sali Illa Hagistalia Agoli						Name					
		•				Oracle Address (DO Basella September in New Ages and New					
MURPHY,	WILLIAM H					Street Address (P.O. Box Number is Not Acceptable)					
	robwyn s'				r						1
HOBE SO	UND FL 33	455		·		C:t.			Zip Cod	<del></del>	4
						City		F	<b>L</b>   215 Coc	19	
8. The above	named entity	submits this statement for t	he purpose of o	hanging its	registered	l office or re	gistered agent, or bot	h, in the state of Florida.			1
		,			-9						
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature req							required when reinstating)	DATE	<u> </u>		
						•					7
FILE NOW: FEE IS \$61.25				9. Election Campaign Fina			\$5.00 May Be		k Payable to	٥	
After September 13, 2000 min. will be \$236.25				Trust Fund Contribution.			Added to Fees	Departme	ent of State		
10		OFFICEDS AND DIDE	OTODC			······································	ADDITIONS (CH	LANGES TO OFFICERS AND	DIDECTORS II	N 10	┨
10.	PD	OFFICERS AND DIRECTOR				— Т	ADDITIONS/CH	ANGES TO OFFICERS AND	☐ Change	Addition	١
TITLE NAME	SANNER,	CADV T		Delete	TITLE					L. Addition	(5/00)
STREET ADDRESS		STAR ISLAND WAY				ADDRESS					E037
CITY-ST-ZIP	ľ.	UND FL 33455			City-S						Į,
TITLE	VD	UND 1 E 30700		Delete	TITLE	i	_		☐ Change	☐ Addition	à
NAME	BEEBE, JA	AMFS S		Delete	NAME					_	
STREET ADDRESS		SILVER GLENN ROAD				ADDRESS					1
CITY-ST-ZIP		LES IL 60175			CITY-9	T-ZIP			~		
TITLE	STD			Delete	TITLE		· -		☐ Change	☐ Addition	
NAME		WILLIAM H			NAME						
STREET ADDRESS		DIXIE HIGHWAY UNIT 20	•		STREET	ADDRESS					
CITY-ST-ZIP		A IL 33469			CITY-9	T-ZIP					
TITLE				Delete	TITLE				Change	Addition	7
NAME					NAME						
STREET ADDRESS						ADDRESS			ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	<i>:</i>	
CITY-ST-ZIP					CITY-S	T-ZIP-:		- <del>-</del>			_
TITLE				Delete	TITLE				☐ Change	Addition	
NAME					NAME	- 1					
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CITY-ST-ZIP					CITY-5	1-ZIP					4
TITLE				Delete	TITLE				Change	☐ Addition	
NAME					NAME						1
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP					CITY-S						┨
12. I hereby o	ertify that the	information supplied with the	is filing does n	ot qualify for	the exem	ption stated	I in Section 119.07(3)(	i), Florida Statutes. I further	certify that the	information	1

Seport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an office or director see empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the same legal effect as if made under eath; that I am an officer or director see empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental of the corporation or the receiver or trost changed, or on an attachment with appear

**SIGNATURE:** 

Daytime Phone #