


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2005 8:00 am**  
**Secretary of State**

06-07-2005 90002 014 \*\*\*\*61.25

<b>DOCUMENT # N95000005564</b>		
1. Entity Name HOBE SOUND COMMERCE CENTER CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 8852 SE ROBWN STREET HOBE SOUND, FL 33455	Mailing Address 8840 SE ROBWN STREET HOBE SOUND, FL 33455
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2. Principal Place of Business <i>8852 SE ROBWN ST.</i>	3. Mailing Address <i>SAME AS 2</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>HOBE SOUND FL.</i>	City & State
Zip <i>33455</i>	Country <i>MARTIN</i>

6. Name and Address of Current Registered Agent MURPHY, WILLIAM H 8852 SE ROBWN STREET HOBE SOUND, FL 33455		7. Name and Address of New Registered Agent <i>SAME AS 6</i>	
		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 *[Signature]* DATE *5/20/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be</b> <b>Added to Fees</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANNER, GARY T 9038 SE STAR ISLAND WAY HOBE SOUND, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEEBE, JAMES S 38W722 SILVER GLENN ROAD ST. CHARLES, IL 60175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MURPHY, WILLIAM H 221 OLD DIXIE HIGHWAY UNIT 20 TEQUESTA, IL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Wm. H. Murphy* *[Signature]* DATE *5/20/05* DAYTIME PHONE # *561-311-7861*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR