

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N95000005564

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MURPHY, WILLIAM H
8840 SE ROBWN STREET
HOBE SOUND FL 33455**

Name

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By: May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
SANNER, GARY T
9038 SE STAR ISLAND WAY
HOBE SOUND FL 33455**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP
**VD
BEEBE, JAMES S
38W722 SILVER GLENN ROAD
ST. CHARLES IL 60175**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**U00000897998
04/25/08-80070-013 61.25**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP
**STD
MURPHY, WILLIAM H
8840 SE ROBWN STREET
HOBE SOUND FL 33455**

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119 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:

[Signature]

W.M. H. MURPHY

4/10/08

**361
371-7841**