

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90110 003 \*\*\*\*61.25

**DOCUMENT # N97000004949**

1. Entity Name  
**HOBE SOUND YOUTH ATHLETIC ASSOCIATION, INC.**



Principal Place of Business  
**PO BOX 1767  
HOBE SOUND, FL 33475**

Mailing Address  
**PO BOX 1767  
HOBE SOUND, FL 33475**

**24044698**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

**65-0771578**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BRADFORD, MICHELLE  
11531 SE DOHERTY STREET  
TEQUESTA, FL 33469**

7. Name and Address of New Registered Agent

Name **Grimaldi, Tony**  
Street Address (P.O. Box Number is Not Acceptable)

**8298 Pine Circle**

City **Hobe Sound FL** Zip Code **33455**

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

*M. Bradford*  
Signature, typed or printed name of registered agent and title if applicable.

*Michelle Bradford*  
(NOTE: Registered Agent signature required when reinstating)

*4/13/04*  
DATE

**PRESIDENT**

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

TITLE **P** ☒ Delete  
NAME **BRADFORD, MICHELLE**  
STREET ADDRESS **11531 SE DOHERTY STREET**  
CITY-ST-ZIP **TEQUESTA, FL 33469**

TITLE **V** ☐ Delete  
NAME **DELUCA, JERRY**  
STREET ADDRESS **9331 DUNCAN STREET**  
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE **S** ☒ Delete  
NAME **PARISH, KELLY**  
STREET ADDRESS **9905 SE MAHOGANY WAY**  
CITY-ST-ZIP **TEQUESTA, FL 33469**

TITLE **T** ☒ Delete  
NAME **TERRETT, RICHARD**  
STREET ADDRESS **8644 FAIRWINDS WAY**  
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE **D** ☒ Delete  
NAME **LOUDER, WILL**  
STREET ADDRESS **7702 SE MAMMOUTH DRIVE**  
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE **D** ☒ Delete  
NAME **TAYLOR, EILEE**  
STREET ADDRESS **6309 SE POINCIANA LN**  
CITY-ST-ZIP **HOBE SOUND, FL 33455**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
NAME **Tony Grimaldi**  
STREET ADDRESS **8298 Pine Circle**  
CITY-ST-ZIP **Hobe Sound Fla 33455**

TITLE **V** ☒ Change ☐ Addition  
NAME **DeLuca, Jerry**  
STREET ADDRESS **9331 Duncan St.**  
CITY-ST-ZIP **Hobe Sound Fla 33455**

TITLE **S** ☒ Change ☐ Addition  
NAME **Hinds, Anita**  
STREET ADDRESS **18290 SE Ridgeview Dr.**  
CITY-ST-ZIP **Tequesta Fla 33469**

TITLE **T** ☒ Change ☐ Addition  
NAME **Boas, Tena**  
STREET ADDRESS **8530 SE Dottie Way**  
CITY-ST-ZIP **Hobe Sound Fla 33455**

TITLE **D** ☒ Change ☐ Addition  
NAME **JE BLINK**  
STREET ADDRESS **11000 SE Federal Hwy Lot 71**  
CITY-ST-ZIP **Hobe Sound, Fla 33455**

TITLE **D** ☒ Change ☐ Addition  
NAME **Bemis, Marcia**  
STREET ADDRESS **2201 Waterview Circle**  
CITY-ST-ZIP **Palm Springs Fla 33461**

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: **Tena Boas** **Tena Boas - Treasurer** **3/24/04** **(772) 545-3164**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #