

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004949

FILED
Apr 15, 2005
Secretary of State

Entity Name: HOBE SOUND YOUTH ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 1767
HOBE SOUND, FL 33475

New Principal Place of Business:

Current Mailing Address:

PO BOX 1767
HOBE SOUND, FL 33475

New Mailing Address:

FEI Number: 65-0771578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIMALDI, TONY
8298 PINE CIRCLE
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

MILLER, KELLY
2183 SE WASHINGTON STREET
STUART, FL 34997 US

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.

SIGNATURE: KELLY MILLER

04/15/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRIMALDI, TONY
Address: 8298 PINE CIRCLE
City-St-Zip: HOBE SOUND, FL 33455

Title: V () Delete
Name: DELUCA, JERRY
Address: 9331 DUNCAN STREET
City-St-Zip: HOBE SOUND, FL 33455

Title: S () Delete
Name: HINDS, ANITA
Address: 18290 SE RIDGE VIEW DR
City-St-Zip: TEQUESTA, FL 33469

Title: T (X) Delete
Name: BOAS, TENA
Address: 8530 SE DOTTIE WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: D (X) Delete
Name: BRINK, JC
Address: 11000 SE FEDERAL HWY LOT 71
City-St-Zip: HOBE SOUND, FL 33455

Title: D (X) Delete
Name: BEMIS, MARCIA
Address: 2201 WATERVIEW CIRCLE
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILLER, KELLY
Address: 2183 SE WASHINGTON STREET
City-St-Zip: STUART, FL 34997

Title: S (X) Change () Addition
Name: MCCLAIN, DELLA
Address: 8575 SE LYONS STREET
City-St-Zip: HOBE SOUND, FL 33455

Title: D (X) Change () Addition
Name: BEMIS, MARCIA
Address: 2711 VANDIVER DRIVE #203
City-St-Zip: WEST PALM BEACH, FL 33409

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY MILLER

P

04/15/2005

Electronic Signature of Signing Officer or Director

Date