

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90007 007 ****61.25

DOCUMENT # N98000004663

1. Entity Name

HOBE SOUND CITIZENS ALLIANCE, INC.



Principal Place of Business:

618 EAST OCEAN BLVD
STE 5
STUART FL 34995

Mailing Address

PO BOX 761
HOBE SOUND FL 33475

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0857188

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

SHERLOCK, VIRGINIA P
618 EAST OCEAN BLVD
STE 5
STUART FL 34994

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VTD ☒ Delete
NAME COX, JACK
STREET ADDRESS 12171 SE HECKLER DR.
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE D ☐ Change ☒ Addition
NAME Snook, Marie
STREET ADDRESS 10472 SE Amberjack Court
CITY-ST-ZIP Hobe Sound, FL 33455

TITLE D ☒ Delete
NAME MILLER, GILBERT
STREET ADDRESS PO BOX 132
CITY-ST-ZIP HOBE SOUND FL 33475

TITLE D ☐ Change ☒ Addition
NAME Winston, Kathy
STREET ADDRESS 8328 SE Pine Circle
CITY-ST-ZIP Hobe Sound, FL 33455

TITLE D ☒ Delete
NAME BLAISDELL, SUE
STREET ADDRESS 12201 S.E. HECKLER DRIVE
CITY-ST-ZIP HOBE SOUND FL 33455

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

TITLE D ☐ Delete
NAME BRILEY, SUZANNE
STREET ADDRESS 12065 S.E. ZEUS STREET
CITY-ST-ZIP HOBE SOUND FL 33455

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

TITLE D ☐ Delete
NAME OVERHOLT, RUSS
STREET ADDRESS 9042 S.E. APPOLO STREET
CITY-ST-ZIP HOBE SOUND FL 33455

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

TITLE P ☐ Delete
NAME SMITH, DON
STREET ADDRESS 10421 SE SOUNDINGS DRIVE
CITY-ST-ZIP HOBE SOUND FL 33455

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Donald R. Smith Donald R. Smith

Date

Daytime Phone #

8/13/04 (772) 355-3070 x1161

PLEASE SIGN & DATE