2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2005
Secretary of State

DOCUMENT# N98000004663

Entity Name: HOBE SOUND CITIZENS ALLIANCE, INC.

Current Principal Place of Business:

618 EAST OCEAN BLVD
STE 5
STUART, FL 34995

New Principal Place of Business:

Current Mailing Address:

PO BOX 761
HOBE SOUND, FL 33475

New Mailing Address:

FEI Number: 65-0857188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SNOOK, MARIE	
Address:	10472 SE AMBERJACK COURT	
City-St-Zip:	HOBE SOUND, FL 33455	
Title:	D	( ) Delete
Name:	WINSTON, KATHY	
Address:	8328 SE PINE CIRCLE	
City-St-Zip:	HOBE SOUND, FL 33455	
Title:	D	( ) Delete
Name:	BRILEY, SUZANNE	
Address:	12065 S.E. ZEUS STREET	
City-St-Zip:	HOBE SOUND, FL 33455	
Title:	D	( ) Delete
Name:	OVERHOLT, RUSS	
Address:	9042 S.E. APPOLO STREET	
City-St-Zip:	HOBE SOUND, FL 33455	
Title:	P	( ) Delete
Name:	SMITH, DON	
Address:	10421 SE SOUNDINGS DRIVE	
City-St-Zip:	HOBE SOUND, FL 33455	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DONALD R. SMITH P 07/14/2005

Electronic Signature of Signing Officer or Director — Date