

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004663

FILED
Aug 24, 2006
Secretary of State

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:

Name and Address of New Registered Agent:

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

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 Chapter 119, 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

08/24/2006

Electronic Signature of Signing Officer or Director

Date