

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90251 050 ***150.00

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DOCUMENT # P95000097805						
1. Entity Name HARMONY OF HOBE SOUND, INC.						
Principal Place of Business 4500 PGA BLVD. STE 207 PALM BEACH GARDENS, FL 33418			Mailing Address 4500 PGA BLVD. STE 207 PALM BEACH GARDENS, FL 33418			
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 65-0634088		
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable		
6. Name and Address of Current Registered Agent DIVOSTA, OTTO B 4500 PGA BLVD. STE 207 PALM BEACH GARDENS, FL 33418				7. Name and Address of New Registered Agent		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE DP	NAME DIVOSTA, OTTO B		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 4500 PGA BLVD STE 207	CITY-ST-ZIP PALM BEACH GARDENS, FL 33418			STREET ADDRESS	CITY-ST-ZIP	
TITLE V	NAME BRANDT, PHILLIP L		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 4500 PGA BLVD. SUITE 207	CITY-ST-ZIP PALM BEACH GARDENS, FL 33418			STREET ADDRESS	CITY-ST-ZIP	
TITLE DT	NAME DIVOSTA, BETTY J		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 4500 PGA BLVD., STE. 207	CITY-ST-ZIP PALM BEACH GARDENS, FL 33418			STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP			STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP			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)(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 607, 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: <i>Phillip Brandt</i>			<i>3/21/05</i>		<i>561-691-9050</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>	