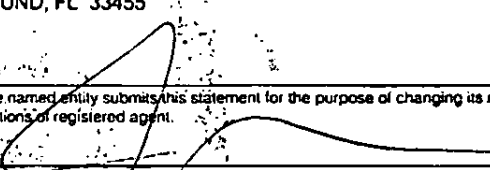
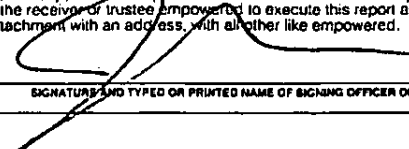
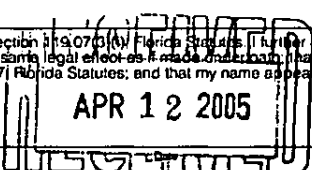


2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/ **FILED**
May 16, 2005 8:00 am
Secretary of State

04-15-2005 90098 015 ***150.00

DOCUMENT # P98000073387 1. Entity Name HOBE SOUND MOBILE HOME PARK ASSOCIATES, INC.					
Principal Place of Business 11090 S.E. FEDERAL HIGHWAY HOBE SOUND, FL 33455			Mailing Address 370 EAST MAPLE RD 3RD FLOOR BIRMINGHAM, MI 48009		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02222005 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0859959				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fees Required	
6. Name and Address of Current Registered Agent DAVIS, ROBERT S 11090 S.E. FEDERAL HIGHWAY HOBE SOUND, FL 33455			7. Name and Address of New Registered Agent Name RIVERSTONE COMMUNITIES Street Address (P.O. Box Number is Not Acceptable) 2121 N.W. 29TH COURT City FT. LAUDERDALE FL Zip Code 33311		
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 			DATE 5/9/05		
FILE NOW!!! FEE IS \$150.00 After May.1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT DAVIS, ROBERT S 11090 S.E. FEDERAL HIGHWAY HOBE SOUND, FL 33455 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS BELLINSON, JAMES L 242 ASPEN BIRMINGHAM, MI 48009 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST BELLINSON, JAMES L 370 E. MAPLE, 3RD FLOOR BIRMINGHAM, MI 48009 ☒ Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b) 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 another like empowered.					
SIGNATURE: 			APR 12 2005 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					