

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000009961

**Entity Name:** HUTCHINSON ISLAND PRESERVATION INITIATIVE, INC.**Current Principal Place of Business:**618 SE OCEAN BOULEVARD  
STUART, FL 34994**Current Mailing Address:**618 SE OCEAN BOULEVARD  
STUART, FL 34994 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LITTMAN, SHERLOCK & HEIMS, P.A.  
618 SE OCEAN BOULEVARD  
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

**Officer/Director Detail :**

Title P  
Name JONES, RALPH  
Address 1357 NE OCEAN BLVD #111  
City-State-Zip: STUART FL 34996

Title S  
Name JONES, PATRICIA  
Address 1357 NE OCEAN BLVD #111  
City-State-Zip: STUART FL 34996

Title D  
Name FARRAR, ELIZABETH  
Address 1550 NE OCEAN BLVD, A-308  
City-State-Zip: STUART FL 34996

Title D  
Name BERWICK, TODD  
Address 1541 SW PROSPERITY WAY  
City-State-Zip: PALM CITY FL 34990

Title VP  
Name LANCI, DOTTIE  
Address 1931 NE OCEAN BLVD  
City-State-Zip: STUART FL 34996

Title D  
Name FOLEY, JIM  
Address 1555 NE OCEAN BLVD N-205  
City-State-Zip: STUART FL 34996

Title T  
Name DAVIS, HILARIE  
Address 1289 NE OCEAN BLVD #6  
City-State-Zip: STUART FL 34995

Title D  
Name HODGE, JOHN  
Address 2355 NE OCEAN BLVD, 35A  
City-State-Zip: STUART FL 34996

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*I hereby 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 all other like empowered.*

**SIGNATURE: RALPH Q. JONES III****PRESIDENT****04/13/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name GARWOOD, ERICA  
Address 1701 NE OCEAN BLVD #301  
City-State-Zip: STUART FL 34996

Title D  
Name LAURA, PAUL  
Address 4492 NE OCEAN BLVD.  
D-1  
City-State-Zip: STUART FL 34597

Title D  
Name SEATON, BARBARA  
Address 234 NE EDGEWATER DR.  
202  
City-State-Zip: STUART FL 34996