

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N98000003588

**Entity Name:** LOBLOLLY COMMUNITY FOUNDATION, INC.

**Current Principal Place of Business:**

7407 SE HILL TERRACE  
HOBE SOUND, FL 33455

**Current Mailing Address:**

7407 SE HILL TERRACE  
HOBE SOUND, FL 33455

**FEI Number:** 65-0865926

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SOPKO, JAMES  
2300 SE MONTEREY RD.  
SUITE 100  
STUART, FL 34996 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 CHAIRMAN  
Name LAHEY, MARK  
Address 6166 SE MOURNING DOVE WAY  
City-State-Zip: HOBE SOUND FL 33455

Title VC  
Name FINN, PHYLLIS  
Address 6945 SE MOURNING DOVE WAY  
City-State-Zip: HOBE SOUND FL 33455

Title VC  
Name WAKEFIELD, DAVE  
Address 6946 SE MOURNING DOVE WAY  
City-State-Zip: HOBE SOUND FL 33455

Title VC  
Name DAY, ROD  
Address 5958 SE MOURNING DOVE WAY  
City-State-Zip: HOBE SOUND FL 33455

Title VICE CHAIRMAN AND TREASURER  
Name FRANK, WOODY  
Address 7817 SE LOBLOLLY BAY DRIVE  
City-State-Zip: HOBE SOUND FL 33455

*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:** MARK LAHEY

**CHAIRMAN**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date