2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003173

FILED

02 FEB 27 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

HIBISCUS POINT HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
%PENN FIRST MANAGEMENT, INC. 453 MARK TWAIN BLVD. ORLANDO FL 32828	%PENN FIRST MANAGEMENT, INC. 453 MARK TWAIN BLVD. ORLANDO FL 32828

02/11/02-90066 034 $61.25

2. Principal Place of Business	3. Mailing Address
c/o Penn First Management, Inc.	c/o Penn First Management, Inc.
Suite, Apt. #, etc.: 1813 N. Dean Rd. Suite 103	Suite, Apt. #, etc.: 1813 N. Dean Rd Suite 103
City & State: Orlando, FL 32817	City & State: Orlando, FL 32817
Zip: 32817 Country: USA	Zip: 32817 Country: USA

4. FEI Number: 59-3563004 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEELES, LAWRENCE M.
%PENN FIRST MANAGEMENT, INC.
453 MARK TWAIN BLVD.
ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name: Lawrence M. Sheeles
Street Address (P.O. Box Number is Not Acceptable): c/o Penn First Management, Inc.
1813 N. Dean Rd. Suite 103
City: Orlando FL Zip Code: 32817

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.

SIGNATURE: Lawrence M. Sheeles 1/15/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LONG, T. BERRY III 101 S. BUMBY AVENUE ORLANDO FL 32803	☒ Delete	PD LINGO-LUCIA FELLER 465 CADENZA DR ORL. FL 32807	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LONG, ELIZABETH H 101 S. BUMBY AVENUE ORLANDO FL 32803	☒ Delete	VPD MARTINEZ, MARIO 449 CADENZA DR ORL FL 32807	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANIELS, SUZANNE V 101 S. BUMBY AVENUE ORLANDO FL 32803	☒ Delete	TD ROGESKI, BRIEN 447 DELICATA DR ORL. FL. 32807	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	SD CAMACHO, MARIA 459 CADENZA DR ORL FL 32807	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D BELTRAN, NATIVIDAD 457 CADENZA DR ORL FL 32807	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ONESKY, PAUL 401 CADENZA DR ORL FL 32807	☐ Delete ☒ ADDITION	D MUHN, PATRICIA 454 DELICATA DR ORL FL 32807	☐ Change ☒ Addition

CR2E037 (9/01)

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 617, 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: SIGNATURE REQUIRED 1/15/02 407-658-2287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #