

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90208 009 ****61.25

DOCUMENT # 735497

1. Entity Name
HIBISCUS WOODS, INC.



Principal Place of Business
**534 HIBISCUS WAY
ORLANDO, FL 32807**

Mailing Address
**534 HIBISCUS WAY
ORLANDO, FL 32807**

2. Principal Place of Business

542 Hibiscus Way
Suite, Apt. #, etc.

3. Mailing Address

542 Hibiscus Way
Suite, Apt. #, etc.



04282006 Chg-NP CR2E037 (4/06)

City & State

Orlando, FL

City & State

Orlando FL

4. FEI Number
59-1910924

Applied For
Not Applicable

Zip

32807

Country

Zip

32807

Country

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

6. Name and Address of Current Registered Agent

**BYRD, BARBARA E
534 HIBISCUS WAY
ORLANDO, FL 32807**

7. Name and Address of New Registered Agent

Name **Charisse Betances**
Street Address (P.O. Box Number is Not Acceptable)
542 Hibiscus Way
City **Orlando** FL **32807**

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 **Charisse Betances**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GRILLEE, DAVID	
STREET ADDRESS	544 HIBISCUS WAY	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CUEVNS, CARMEN R	
STREET ADDRESS	521 HIBISCUS WAY	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BYRD, BARBARA E	
STREET ADDRESS	534 HIBISCUS WAY	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	S	<input type="checkbox"/> Delete
NAME	BETARCAS, CHARISIA	
STREET ADDRESS	542 HIBISCUS WAY	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	D	<input type="checkbox"/> Delete
NAME	KISHING, NANCY	
STREET ADDRESS	517 HIBISCUS WAY	
CITY-ST-ZIP	ORLANDO, FL 32807	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINGE, JOE	
STREET ADDRESS	543 HIBISCUS WAY	
CITY-ST-ZIP	ORLANDO, FL 32807	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Minge	
STREET ADDRESS	543 Hibiscus Way	
CITY-ST-ZIP	Orlando FL 32807	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fernando Gonzalez	
STREET ADDRESS	537 Hibiscus Way	
CITY-ST-ZIP	Orlando FL 32807	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charisse Betances	
STREET ADDRESS	542 Hibiscus Way	
CITY-ST-ZIP	Orlando FL 32807	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carmen R. Cuevas	
STREET ADDRESS	521 Hibiscus Way	
CITY-ST-ZIP	Orlando FL 32807	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sal Pastore	
STREET ADDRESS	530 Hibiscus Way	
CITY-ST-ZIP	Orlando FL 32807	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Charisse Betances**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/06 621-217-8487