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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **754048** **(7)**

1. Corporation Name

HIBISCUS GARDENS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O RON CHORNY 8310 W. HIAWATHA ST. TAMPA FL 34635 US	C/O RON CHORNY 8310 W. HIAWATHA ST. TAMPA FL 33615-2811 US

3. Date Incorporated or Qualified: 09/04/1980
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 c/o Paul E. Carter, Jr.
Suite, Apt. #, etc.
22 1100 Cleveland St #904
City & State
23 Clearwater Fl.
Zip 24 34615 Country 25 Pinellas

2a. Mailing Address
26 c/o Paul E Carter, Jr.
Suite, Apt. #, etc.
27 1100 Cleveland St. #904
City & State
28 Clearwater Fl.
Zip 29 34615 Country 30 Pinellas

4. FEI Number: 59-2376749 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHORNY, RON
8310 W. HIAWATHA ST.
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name: Paul E. Carter Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 1100 Cleveland St. #904
83
84 City: Clearwater Fl **FL** 85 Zip Code: 34615

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] 4-22-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, RONALD J.		1.2 NAME	
STREET ADDRESS	2407 BAY BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HUGHES, EVAN		2.2 NAME	
STREET ADDRESS	103-18TH AVE. UNIT #3		2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHOEPE, BURTON MR		3.2 NAME	
STREET ADDRESS	1900 GULF BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	IND ROCKS BEACH, FL00000		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CHORNY, RON		4.2 NAME	
STREET ADDRESS	8310 W. HIAWATHA ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048248