2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2001 8:00 am
Secretary of State
05-10-2001 90176 031 ****61.25

0012250

DOCUMENT # 754048

1. Entity Name

HIBISCUS GARDENS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PAUL E CARTER. JR. 1100 CLEVELAND ST #904 CLEARWATER FL 33755 US	C/O PAUL E CARTER. JR. 1100 CLEVELAND ST #904 CLEARWATER FL 33755 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O PATRICIA CHORNY	C/O PATRICIA CHORNY
Suite, Apt. #, etc.: 12519 DEERBERRY LN	Suite, Apt. #, etc.: 12519 DEERBERRY LN
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33626 Country: US	Zip: 33626 Country: US

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

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

6. Name and Address of Current Registered Agent

CARTER, PAUL E JR
C/O PAUL E CARTER, JR.
1100 CLEVELAND ST #904
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name: PATRICIA A. CHORNY
Street Address (P.O. Box Number is Not Acceptable): 12519 DEERBERRY LANE
City: TAMPA FL Zip Code: 33626

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: Patricia A. Chorny PATRICIA A. CHORNY 9-12-01
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
After September 12, 2001, min. will be $236.25

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	VD THOMAS, RONALD J 2407 BAY BLVD. INDIAN ROCKS BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PATRICIA CHORNY 12519 DEERBERRY LN TAMPA FL 33626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUGHES, EVAN 103-18TH AVE. UNIT #3 INDIAN ROCKS BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TODD BLACK 103 18TH AVE #8 INDIAN ROCKS BCH, FL 33785	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHOPE, BURTON MR 1900 GULF BLVD INDIAN ROCKS BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RON CHORNY 12519 DEERBERRY TAMPA FL 33626	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CHORNY, RON 1069 E. 131ST DRIVE THORNTON CO	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (5/01)

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 9/12/01 (727) 596-3182

5/10/01-90176-031-$61.25-$61.25

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Attachment 126824

[redacted]

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Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARTER, PAUL E JR C/O PAUL E CARTER, JR. 1100 CLEVELAND ST #904 CLEARWATER FL 33755	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
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**

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CR2E037 (10/00)

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SIGNATURE: SIGNATURE REQUIRED 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #