

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90019 031 ****61.25

DOCUMENT # 754048

1. Entity Name

HIBISCUS GARDENS ASSOCIATION, INC.



Principal Place of Business

C/O PATRICIA CHORNY
12519 DEERBERRY LN.
TAMPA FL 33626
US

Mailing Address

C/O PATRICIA CHORNY
12519 DEERBERRY LN.
TAMPA FL 33626
US

2. Principal Place of Business

3. Mailing Address

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

CHORNY, PATRICIA A
12519 DEERBERRY LANE
TAMPA FL 33626

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

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: VD
NAME: CHORNY, RON ☐ Delete
STREET ADDRESS: 12519 DEERBERRY LANE
CITY-ST-ZIP: TAMPA FL 33626

TITLE: PD
NAME: HUGHES, EVAN ☒ Delete
STREET ADDRESS: 103-18TH AVE. UNIT #3
CITY-ST-ZIP: INDIAN ROCKS BEACH FL

TITLE: SD
NAME: ROGERS, EDNA ☐ Delete
STREET ADDRESS: 19242 WEYMOUTH DR
CITY-ST-ZIP: LAND O LAKES FL 34639

TITLE: TD
NAME: CHORNY, PATRICIA ☐ Delete
STREET ADDRESS: 12514 DEERBERRY LANE
CITY-ST-ZIP: TAMPA FL 33626

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD ☒ Change ☐ Addition
NAME: CHORNY, RON
STREET ADDRESS: 12519 DEERBERRY LN
CITY-ST-ZIP: TAMPA, FL 33626

TITLE: VD ☐ Change ☒ Addition
NAME: CWILL, JANICE
STREET ADDRESS: 34 BUCHANAN ST
CITY-ST-ZIP: BEACON, NY 12508

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: TD ☒ Change ☐ Addition
NAME: CHORNY, PATRICIA
STREET ADDRESS: 12519 DEERBERRY LN
CITY-ST-ZIP: TAMPA, FL 33626

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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:

Ron Chorny RON CHORNY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/04 813-855-9828

Date

Daytime Phone #