

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90007 009 ****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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/05)

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 CHORNY, PATRICIA A 12519 DEERBERRY LANE TAMPA FL 33626	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHORNY, RON 12519 DEERBERRY LANE TAMPA FL 33626 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CWILL, JANICE 34 BUCHANAN ST BEACON, NY 12508 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CWILL, JANICE 34 BUCHANAN ST BEACON, NY 12508 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FORKINS, BLANCHE 350 ORCHARD DR MAHWAH, NJ 07430 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROGERS, EDNA 19242 WEYMOUTH DR LAND O LAKES FL 34639 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BLACK, TODD 103 18th AVE #8 INDIAN ROCKS BEACH, FL 33785 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CHORNY, PATRICIA 12519 DEERBERRY LN TAMPA FL 33626 ☐ 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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Patricia A. Chorny* PATRICIA A. CHORNY 2-25-06 855-9828 (813)