2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754048

FILED Mar 19, 2009 Secretary of State

Entity Na	me: HIBISCUS GA	RDENS ASSOCIATION,	INC.		
Current P	rincipal Place of B	usiness:	New Principal Place	New Principal Place of Business:	
103 18TH AVE #5 INDIAN ROCKS BEACH, FL 33785 US			103 18TH AVE #5 INDIAN ROCKS BEAC	CH, FL 33785 US	
Current M	lailing Address:		New Mailing Address	New Mailing Address:	
250 ORCH	RICK FORKINS HARD DRIVE , NJ 07430 US				
FEI Number	: 59-2376749 FE	Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of Curre	nt Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
103 18TH	, PATRICK M AVE UNIT #5 DCKS BEACH, FL	33785 US	103 18TH AVE UNIT #5		
	e named entity subm e of Florida.	its this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				03/19/2009	
	Electronic Si	gnature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delet CWILL, JANICE 34 BUCHANAN ST BEACON, NY 12508	е	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Delet CAROTHERS, WAYN 103 18TH AVE UNIT # INDIAN ROCKS BEAG	E ∮1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delet ROGERS, EDNA 17400 BLOOMING FI LAND O LAKES, FL	ELDS DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

TD SIGNATURE: PATRICK FORKINS 03/19/2009