

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 754048

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** HIBISCUS GARDENS ASSOCIATION, INC.

**Current Principal Place of Business:**

103 18TH AVE  
#5  
INDIAN ROCKS BEACH, FL 33785 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PATRICK FORKINS  
250 ORCHARD DRIVE  
MAHWAH, NJ 07430 US

**New Mailing Address:**

**FEI Number:** 59-2376749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FORKINS, PATRICK M  
103 18TH AVE UNIT  
#5  
INDIAN ROCKS BEACH, FL 33785 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CWILL, JANICE  
Address: 34 BUCHANAN ST  
City-St-Zip: BEACON, NY 12508

Title: VD  
Name: CAROTHERS, WAYNE  
Address: 103 18TH AVE UNIT #1  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: TD  
Name: PATRICK, FORKINS M  
Address: 103 18TH AVE UNIT #5  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: SD  
Name: ROGERS, EDNA  
Address: 17400 BLOOMING FIELDS DRIVE  
City-St-Zip: LAND O LAKES, FL 34638

I hereby 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 all other like empowered.

SIGNATURE: PATRICK M. FORKINS

MR.

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date