
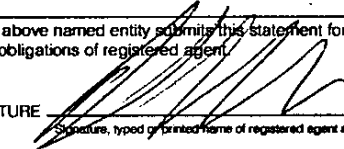
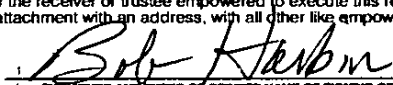


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90033 031 ****61.25

DOCUMENT # 765112							
1. Entity Name HIBISCUS OWNERS ASSOCIATION I, INC.							
Principal Place of Business 125 OCEAN HIBISCUS DR SAINT AUGUSTINE, FL 32080 US			Mailing Address 125 OCEAN HIBISCUS DR SAINT AUGUSTINE, FL 32080 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 59-2377475			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SELLERS, G D 125 OCEAN HIBISCUS DR. SAINT AUGUSTINE, FL 32080			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
8. The above named entity admits 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 			(NOTE: Registered Agent signature required when reinstating)		DATE 1/29/05		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WHITE, TERRY		NAME				
STREET ADDRESS	4922 SW 52 TERR		STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE, FL		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BAILEY-FERGUSON, CAROL		NAME				
STREET ADDRESS	105 BARRINGTON DR		STREET ADDRESS				
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	STEVENSON, BETTY D		NAME				
STREET ADDRESS	8521 BEAUCHAMP LANE		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	HARBIN, BOBO		NAME	Harbin, Bob			
STREET ADDRESS	7902 PRAVER DRIVE WEST		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 32217		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TOMLINSON, BETTY		NAME				
STREET ADDRESS	7883 MORSE AVE		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MASTERS, PAT		NAME				
STREET ADDRESS	3959 OAK TERRACE RD		STREET ADDRESS				
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086		CITY-ST-ZIP				
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: 			Date		Daytime Phone #		
			1/29/05				