


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90054 004 ****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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01242006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-2377475** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

SELLERS, G D
125 OCEAN HIBISCUS DR.
SAINT AUGUSTINE, FL 32080

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, TERRY	
STREET ADDRESS	4922 SW 52 TERR	
CITY-ST-ZIP	GAINESVILLE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAILEY-FERGUSON, CAROL	
STREET ADDRESS	105 BARRINGTON DR	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEVENSON, BETTY D	
STREET ADDRESS	8521 BEAUCHAMP LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	P	<input type="checkbox"/> Delete
NAME	HARBIN, BOB	
STREET ADDRESS	7902 PRAYER DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOMLINSON, BETTY	
STREET ADDRESS	7883 MORSE AVE	
CITY-ST-ZIP	JACKSONVILLE, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MASTERS, PAT	
STREET ADDRESS	3959 OAK TERRACE RD	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32086	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee Haskins	
STREET ADDRESS	503 S. Lavon Ave	
CITY-ST-ZIP	Kissimmee, FL 34741	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 *Terry White*