


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90087 037 ****61.25

DOCUMENT # 765112 1. Entity Name HIBISCUS OWNERS ASSOCIATION I, INC.	
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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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DO NOT WRITE IN THIS SPACE

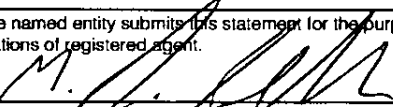
	
01042007 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-2377475	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, TERRY 4922 SW 52 TERR GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY-FERGUSON, CAROL 105 BARRINGTON DR PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASKINS, LEE 503 S. LAVON AVE KISSIMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARBIN, BOB 7902 PRAVER DRIVE WEST JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMLINSON, BETTY 7883 MORSE AVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MASTERS, PAT 3959 OAK TERRACE RD SAINT AUGUSTINE, FL 32086

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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:  4/17/07