2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765112

FILED Jan 05, 2009 Secretary of State

Entity Name: HIBISCUS OWNERS ASSOCIATION I, INC.

Current Principal Place of Business: New Principal Place of Business: 125 OCEAN HIBISCUS DR SAINT AUGUSTINE, FL 32080 US **Current Mailing Address: New Mailing Address:** 125 OCEAN HIBISCUS DR SAINT AUGUSTINE, FL 32080 US FEI Number: 59-2377475 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SELERS, CATHLEEN SELLERS, CATHLEEN 125 OCEÁN HIBISCUS DR. 125 OCEAN HIBISCUS DR. SAINT AUGUSTINE, FL 32080 SAINT AUGUSTINE, FL 32080 US US 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: CATHLEEN SELLERS 01/05/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition WHITE, TERRY, WHITE, TERRY, Name: Name: 4922 SW 52 TERR Address: 4922 SW 52 TERR Address: City-St-Zip: GAINESVILLE, FL City-St-Zip: GAINESVILLE, FL Title: () Delete Title: () Change () Addition BAILEY-FERGUSON, CAROL Name: Name: Address: 105 BARRINGTON DR Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: Title: () Delete Title: () Change () Addition HASKINS, LEE Name: Name: 503 S. LAVON AVE Address: Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HARBIN, BOB Name: Address: 7902 PRAVER DRIVE WEST Address: City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: Title: () Delete Title: () Change () Addition TOMLINSON, BETTY Name: Name: 7883 MORSE AVE Address: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: Title: () Delete Title: () Change () Addition BISHOP, JAMES Name: Name: Address: 2254 NW 19TH LANE Address: GAINESVILLE, FL 32605 City-St-Zip: City-St-Zip:

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.

SIGNATURE: TERRY WHITE PRES 01/05/2009