



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90309 047 \*\*\*\*61.25

<b>DOCUMENT # N01000007565</b>					
<b>1. Entity Name</b> HIBISCUS I OF CHARLOTTE COUNTY CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3228 PURPLE MARTIN DRIVE PUNTA GORDA, FL 33950			<b>Mailing Address</b> 109 TAYLOR STREET SUITE 112 PUNTA GORDA, FL 33950		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04092006    Chg-NP    CR2E037 (11/05)	
City & State		City & State		<b>4. FEI Number</b> 65-1032715	
Zip		Zip		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WOTITZKY, EDWARD L ESQ 109 TAYLOR STREET, SUITE 112 PUNTA GORDA, FL 33950			Name JOAN F. Greene		
			Street Address (P.O. Box Number is Not Acceptable) 100 Sullivan St		
			Ste 112		
			City    PUNTA GORDA    FL    Zip Code 33950		
<b>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.</b>					
SIGNATURE: <u>Joan F. Greene</u> DATE: <u>4/18/06</u>					
Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)    DATE					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> SINGH, DEEPAK	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> DT	<b>NAME</b> RALPH TEMPLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 443 18TH AVENUE SOUTH	<b>CITY-ST-ZIP</b> NAPLES, FL 34102		<b>STREET ADDRESS</b> 202 Forest St Apt	<b>CITY-ST-ZIP</b> GLEN EILYN IL 60137	
<b>TITLE</b> VSTD	<b>NAME</b> SINGH, SHARON	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> DS	<b>NAME</b> Phil Heron	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 443 18TH AVENUE SOUTH	<b>CITY-ST-ZIP</b> NAPLES, FL 34102		<b>STREET ADDRESS</b> 3228 Purple Martin Dr	<b>CITY-ST-ZIP</b> PUNTA GORDA FL 33950	
<b>TITLE</b> D	<b>NAME</b> GREENE, JOAN	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> LUKE ANDRAE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 100 SULLIVAN STREET #112	<b>CITY-ST-ZIP</b> PUNTA GORDA, FL 33950		<b>STREET ADDRESS</b> 215 Deborah Dr	<b>CITY-ST-ZIP</b> PUNTA GORDA FL 33950	
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
SIGNATURE: <u>D. Philip Heron</u> DATE: <u>4/10/06</u> DAYTIME PHONE #: <u>880.9746529</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    DATE    DAYTIME PHONE #					