

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007565

FILED  
Mar 01, 2009  
Secretary of State

**Entity Name:** HIBISCUS I OF CHARLOTTE COUNTY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3228 PURPLE MARTIN DRIVE  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

3228 PURPLE MARTIN DRIVE  
PUNTA GORDA, FL 33950 US

**Current Mailing Address:**

100 SULLIVAN ST  
SUITE 112  
PUNTA GORDA, FL 33950

**New Mailing Address:**

100 SULLIVAN ST  
SUITE 112  
PUNTA GORDA, FL 33950 US

**FEI Number:** 65-1032715

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREENE, JOAN F  
100 SULLIVAN ST  
STE 112  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: TEMPLE, RALPH  
Address: 202 FOREST AVE  
City-St-Zip: GLEN ELLYN, IL 60137

Title: DS ( ) Delete  
Name: HERON, PHIL  
Address: 3228 PURPLE MARTIN DR, # 115  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete  
Name: ANDRAE, LUKE  
Address: 2151 DEBORAH DR  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: STD (X) Change ( ) Addition  
Name: TEMPLE, RALPH  
Address: 202 FOREST AVE  
City-St-Zip: GLEN ELLYN, IL 60137 US

Title: PD (X) Change ( ) Addition  
Name: HERON, PHIL  
Address: 3228 PURPLE MARTIN DR, # 115  
City-St-Zip: PUNTA GORDA, FL 33950

Title: VPD (X) Change ( ) Addition  
Name: CAIRNS, LARRY  
Address: 311 E. ERIE ST #208  
City-St-Zip: MILWAUKEE, WI 53202 US

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: PHIL HERRON

PRES

03/01/2009

Electronic Signature of Signing Officer or Director

Date