

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000008633					
1. Entity Name HIBBS GROVE PLANTATION HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business MIAMI MANAGEMENT 1145 SAWGRASS CRP PKWY- SUNRISE, FL 33323			Mailing Address MIAMI MANAGEMENT 1145 SAWGRASS CRP-PKWY SUNRISE, FL 33323		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3590905	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KATZMAN GARFINKEL, P.A. 1501 N.W. 49TH ST. SUITE 202 FT. LAUDERDALE, FL 33309			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P	NAME PRAVATO, RICHARD ESQ	<input checked="" type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 1145 SAWGRASS CORPORATE PARKWAY	SUNRISE, FL 33323		NAME Loretta Conlin	1145 Sawgrass Corporate Parkway Sunrise, FL 33323	
CITY-ST-ZIP	SUNRISE, FL 33323		STREET ADDRESS 1145 SAWGRASS CORPORATE PKWY	Sunrise, FL 33323	
TITLE 2VPT	NAME WEINER, JACK	<input checked="" type="checkbox"/> Delete	TITLE Phil Dalley - VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 1145 SAWGRASS CORPORATE PKWY	SUNRISE, FL 33323		NAME Loretta Conlin	1145 Sawgrass Corporate Parkway Sunrise, FL 33323	
CITY-ST-ZIP	SUNRISE, FL 33323		STREET ADDRESS 1145 SAWGRASS CORPORATE PKWY	Sunrise, FL 33323	
TITLE S	NAME CONLIN, LORETTA	<input checked="" type="checkbox"/> Delete	TITLE Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 1145 SAWGRASS CORPORATE PKWY	SUNRISE, FL 33323		NAME Peter Rijos	1145 Sawgrass Corporate Parkway Sunrise, FL 33323	
CITY-ST-ZIP	SUNRISE, FL 33323		STREET ADDRESS 1145 SAWGRASS CORPORATE PKWY	Sunrise, FL 33323	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 	B 7/16/08		NAME 	Fernando Nogueira - Director	
CITY-ST-ZIP	1145 Sawgrass Corporate Parkway Sunrise, FL 33323		STREET ADDRESS 	1145 Sawgrass Corporate Parkway Sunrise, FL 33323	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 	500133395075		NAME 	07/24/08--01029--021 **61.25	
CITY-ST-ZIP	07/24/08--01029--021 **61.25		STREET ADDRESS 	07/24/08--01029--021 **61.25	
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 in an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-14-08 <small>Date Daytime Phone #</small>		
LORETTA CONLIN					