

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008633

FILED
Feb 26, 2009
Secretary of State

Entity Name: HIBBS GROVE PLANTATION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

MIAMI MANAGEMENT
1145 SAWGRASS CRP PKWY
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

MIAMI MANAGEMENT
1145 SAWGRASS CRP PKWY
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 04-3590905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 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: P () Delete
Name: CONLIN, LORETTA
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: V () Delete
Name: DALLEY, PHIL
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: T () Delete
Name: RIJOS, PETER
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: S () Delete
Name: SEPULVEDA, LOIS
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: D () Delete
Name: NOGUEIRA, FERNANDO
Address: 1145 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: LORETTA CONLIN

P

02/26/2009

Electronic Signature of Signing Officer or Director

Date