

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005554

FILED
Jan 09, 2006
Secretary of State

Entity Name: HIBISCUS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

235 WESTRIDGE DRIVE
TALLAHASSEE, FL 32304

New Principal Place of Business:

191 BAY HIBISCUS DRIVE
MAIL BOX 2
PORT SAINT JOE, FL 32456

Current Mailing Address:

235 WESTRIDGE DRIVE
TALLAHASSEE, FL 32304

New Mailing Address:

191 BAY HIBISCUS DRIVE
MAIL BOX 2
PORT SAINT JOE, FL 32456

FEI Number: 20-0673033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOFER, KURT G
235 WESTRIDGE DRIVE
TALLAHASSEE, FL 32304 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: PD () Delete
Name: HOFER, KURT G
Address: 235 WESTRIDGE DRIVE
City-St-Zip: TALLAHASSEE, FL 32304

Title: VSTD () Delete
Name: HOFER, MARIA G
Address: 235 WESTRIDGE DRIVE
City-St-Zip: TALLAHASSEE, FL 32304

Title: D () Delete
Name: DUNLAP, DAVISSON JR.
Address: 3765 BOBBIN MILL
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HOFER, MARIA G
Address: 235 WESTRIDGE DRIVE
City-St-Zip: TALLAHASSEE, FL 32304

Title: VP (X) Change () Addition
Name: DUNLAP, DAVISSON JR.
Address: 3765 BOBBIN MILL
City-St-Zip: TALLAHASSEE, FL 32312

Title: STD () Change (X) Addition
Name: HEARD, ANDREA
Address: 652 SEACLIFF DRIVE
City-St-Zip: PORT SAINT JOE, FL 32456

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDREA HEARD

STD

01/09/2006

Electronic Signature of Signing Officer or Director

Date