

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90026 045 ****61.25

DOCUMENT # N03000005554 1. Entity Name HIBISCUS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 191 BAY HIBISCUS DRIVE MAIL BOX 2 PORT SAINT JOE, FL 32456			Mailing Address 191 BAY HIBISCUS DRIVE MAIL BOX 2 PORT SAINT JOE, FL 32456		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number 20-0673033			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HOFFER, KURT G 235 WESTRIDGE DRIVE TALLAHASSEE, FL 32304				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
PD HOFFER, KURT G 235 WESTRIDGE DRIVE TALLAHASSEE, FL 32304		Secretary Frederick Bryant 447 Shantilly Ct. Tallahassee, FL 32312			
Change HOFFER, MARIA G 235 WESTRIDGE DRIVE TALLAHASSEE, FL 32304		Hofer, Maria G 235 Westridge Dr. Tallahassee, FL 32304			
VP DUNLAP, DAVISSON JR. 3765 BOBBIN MILL TALLAHASSEE, FL 32312		Treasurer			
STD HEARD, ANDREA 652 SEACLIFF DRIVE PORT SAINT JOE, FL 32456		Change Addition			
Change		Change Addition			
Change		Change Addition			
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.					
SIGNATURE: <i>Kurt G Hofer</i>		3/19/07 850-229-6812			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					