

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

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**



02042008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-0673033

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HOFER, KURT G
235 WESTRIDGE DRIVE
TALLAHASSEE, FL 32304**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000817752
02/15/08-80015-009 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HOFER, KURT G
235 WESTRIDGE DRIVE
TALLAHASSEE, FL 32304**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HOFER, MARIA G
235 WESTRIDGE DRIVE
TALLAHASSEE, FL 32304**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DUNLAP, DAVISSON JR.
3765 BOBBIN MILL
TALLAHASSEE, FL 32312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BRYANT, FREDRICK
447 SHANTILLY CT
TALLAHASSEE, FL 32312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/04/2008 850
556-9820

Date Daytime Phone #