2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N03000005554

Entity Name: HIBISCUS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-0673033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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:	T	( ) Delete
Name:	HOFER, MARIA G	
Address:	235 WESTRIDGE DRIVE	
City-St-Zip:	TALLAHASSEE, FL 32304	
Title:	VP	( ) Delete
Name:	DUNLAP, DAVISSON JR.	
Address:	3765 BOBBIN MILL	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	S	( ) Delete
Name:	BRYANT, FREDRICK	
Address:	447 SHANTILLY CT	
City-St-Zip:	TALLAHASSEE, FL 32312	

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:	

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: KURT G HOFER PD 02/10/2009

Electronic Signature of Signing Officer or Director — Date