2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010475

FILED Mar 16, 2005 Secretary of State

Entity Name: HIBISCUS BAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779

New Mailing Address: Current Mailing Address:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779

FEI Number: 56-2473851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, JAMES W JR C/O SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

LAWSON, ROBERT LAWSON, ROBERT Name: Name: 6250 HAZELTINE NATIONAL DR, STE 102 Address: 5850 TG LEE BLVD STE 600 Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822

Title: VPD Title: (X) Change () Addition () Delete

AULD, DAVID V Name: AULD, DAVID V Name:

Address: 6250 HAZELTINE NATIONAL DR. STE 102 Address: 5850 TG LEE BLVD STE 600

City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822

Title: () Delete Title: SD (X) Change () Addition MURPHY, BRANDY MURPHY, BRANDY Name: Name:

6250 HAZELTINE NATIONAL DR, STE 102 5850 TG LEE BLVD STE 600 Address: Address:

City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822

() Delete Title: Title: D (X) Change () Addition

MOSS, DAVID Name: MOSS, DAVID Name:

6250 HAZELTINE NATIONAL DR, STE 102 Address: Address: 5850 TG LEE BLVD STE 600 City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBERT LAWSON PD 03/16/2005