## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000010475

FILED Apr 22, 2008 Secretary of State

| Entity Nar                                    | me: HIBISCUS  | BAY HOMEOWNERS ASSO        | OCIATION, INC.                              |  |  |
|---|---|----------------------------|---|--|--|
| Current P                                     | rincipal Place  | of Business:               | New Principal Place                         | New Principal Place of Business:             |  |
| 2180 WES<br>SUITE 500<br>LONGWO               |   |                            |   |  |  |
| Current Mailing Address:                      |   |                            | New Mailing Addres                          | New Mailing Address:                         |  |
| 2180 WES<br>SUITE 500<br>LONGWO               |   |                            |   |  |  |
| 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                         | Name and Address of New Registered Agent:    |  |
| LONGWO  | e of Florida.<br>RE:                                    | US                         |   | od office or registered agent, or both,      |  |
| OFFICERS AND DIRECTORS:                       |   |                            | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PD ()<br>HURST, BARBA<br>10906 DERRING<br>ORLANDO, FL   | SER DR                     | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VPD ()<br>CABRA, JUAN C<br>10907 DERRING<br>ORLANDO, FL | SER DR                     | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | STD ()<br>BERRY, FRANC<br>10934 DERRING<br>ORLANDO, FL  | SER DR                     | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |

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: BARBARA HURST PD 04/22/2008