

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006932

FILED
Jul 25, 2006
Secretary of State

Entity Name: HIBISCUS LAKE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1119 COTORRO AVE
CORAL GABLES, FL 33146

New Principal Place of Business:

1231 N.W. 95 STREET
MIAMI, FL 33147

Current Mailing Address:

1119 COTORRO AVE
CORAL GABLES, FL 33146

New Mailing Address:

1231 N.W. 95 STREET
MIAMI, FL 33147

FEI Number: 20-2070970

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FLICK, JERRY
1119 COTORRO AVE
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

HIBISCUS LAKE CONDOMINIUM ASSOC., INC.
1231 N.W. 95 STREET
MIAMI, FL 33147 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: SHERRAINE THOMAS

07/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FLICK, JERRY
Address: 1119 COTORRO AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: S () Delete
Name: PLICK, JACQUELINE
Address: 1119 COTORAN AVE
City-St-Zip: CORAL GABLES, FL 33146

Title: V () Delete
Name: FREIWALD, THOMAS
Address: 18040 NW 84 AVE
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THOMAS, SHERRAINE
Address: 1239 N.W. 95 STREET
City-St-Zip: MIAMI, FL 33147

Title: T (X) Change () Addition
Name: WALKER, NICOLE
Address: 1231 N.W. 95 STREET
City-St-Zip: MIAMI, FL 33147

Title: V (X) Change () Addition
Name: MICHNER, MICHAEL
Address: 1259 N.W. 95 STREET
City-St-Zip: MIAMI, FL 33147

I hereby certify that the information supplied with this filing does not qualify for the 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: SHERRAINE THOMAS

PRES

07/25/2006

Electronic Signature of Signing Officer or Director

Date