

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008184

FILED
Apr 28, 2005
Secretary of State

Entity Name: THE HIBISCUS CONDOMINIUM ASSOCIATION OF BRADENTON BEACH, INC.

Current Principal Place of Business:

520 58TH STREET
HOLMES BEACH, FL 34217

New Principal Place of Business:

109 5TH ST SOUTH
BRADENTON BEACH, FL 34217

Current Mailing Address:

520 58TH STREET
HOLMES BEACH, FL 34217

New Mailing Address:

P O BOX 1078
ANNA MARIA, FL 34216

FEI Number: 20-2007228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRNE, ROBERT
520 58TH STREET
HOLMES BEACH, FL 34217 US

Name and Address of New Registered Agent:

BYRNE, ROBERT
P O BOX 1078
ANNA MARIA, FL 34216 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: ROBERT T. BYRNE

04/28/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BYRNE, ROBERT
Address: 520 58TH STREET
City-St-Zip: HOLMES BEACH, FL 34217

Title: VD () Delete
Name: NORIEGA, STEVEN
Address: 520 58TH STREET
City-St-Zip: HOLMES BEACH, FL 34217

Title: STD () Delete
Name: BYRNE, ARLENE
Address: 520 58TH STREET
City-St-Zip: HOLMES BEACH, FL 34217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BYRNE, ROBERT
Address: P O BOX 1078
City-St-Zip: ANNA MARIA, FL 34216

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 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 T. BYRNE

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date