

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90232 044 ****61.25

DOCUMENT # N04000008184	
1. Entity Name THE HIBISCUS CONDOMINIUM ASSOCIATION OF BRADENTON BEACH, INC.	

Principal Place of Business 109 5TH ST SOUTH BRADENTON BEACH, FL 34217	Mailing Address P O BOX 1078 ANNA MARIA, FL 34216
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60033881



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 5708 MANATEE AVE W Suite, Apt. #, etc.
City & State BRADENTON, FL	City & State BRADENTON, FL
Zip 34209	Country MANATEE

04282006 Chg-NP CR2E037 (4/06)

4. FEI Number 20-2007228	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BYRNE, ROBERT P O BOX 1078 ANNA MARIA, FL 34216	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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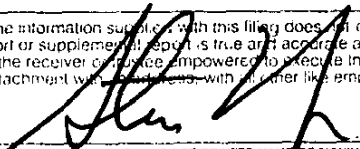
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when changing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BYRNE, ROBERT P O BOX 1078 ANNA MARIA, FL 34216 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALAF, JOHN 5708 MANATEE AVE W BRADENTON, FL 34209 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NORIEGA, STEVEN 520 58TH STREET HOLMES BEACH, FL 34217 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BYRNE, ARLENE 520 58TH STREET HOLMES BEACH, FL 34217 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11, changed, or on an attachment with my address with another like empowered.

SIGNATURE:  STEVEN NORIEGA 4/26/06 941-761-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date