2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# N05000007980

Entity Name: HIBISCUS AT BAYOU POINTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O 1430 E PIEDMONT DR STE 101
TALLAHASSEE, FL 32308

New Principal Place of Business:

1430 EAST PIEDMONT DRIVE
SUITE 101
TALLAHASSEE, FL 32308

Current Mailing Address:

C/O 1430 E PIEDMONT DR STE 101
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MALONEY, ROBERT E JR.
1430 E PIEDMONT DR STE 102
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

CONNER, MARK A
1430 E PIEDMONT DR STE 102
TALLAHASSEE, FL 32308 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: MARK A CONNER 04/28/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CONNER, MARK A
Address: 1430 E PIEDMONT DR STE 101
City-St-Zip: TALLAHASSEE, FL 32308

Title: DV ( ) Delete
Name: MCDONALD, WILLIAM L
Address: 1430 E PIEDMONT DR STE 101
City-St-Zip: TALLAHASSEE, FL 32308

Title: DST ( ) Delete
Name: DOUGHERTY, JUDY C
Address: 1430 E PIEDMONT DR STE 101
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: MARK A CONNER P 04/28/2006
Electronic Signature of Signing Officer or Director Date