

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001275

FILED
Jan 06, 2007
Secretary of State

Entity Name: HIBISCUS PARK CRIME WATCH & NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1008 SOUTH TENTH STREET
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

1008 SOUTH TENTH STREET
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YATES, CLAYTON
311 SOUTH SECOND STREET SUITE 102
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: DZADOVSKY, CHRIS
Address: 1008 SOUTH TENTH STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: DP () Delete
Name: DE FILIPPIS, CECELIA
Address: 1006 BEACH COURT
City-St-Zip: FORT PIERCE, FL 34950

Title: DS () Delete
Name: CALANDRO, MICHELLE
Address: 1210 SOUTH 11TH STREET
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DE FILIPPIS, CECELIA
Address: 1006 BEACH CT
City-St-Zip: FORT PIERCE, FL 34950

Title: DP (X) Change () Addition
Name: CALANDRO, MICHELLE
Address: 1210 SOUTH 11TH STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: DS (X) Change () Addition
Name: SAMPSON, LINDA
Address: 1102 SOUTH 11TH STREET
City-St-Zip: FORT PIERCE, FL 34950

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: CECELIA DE FILIPPIS

DP

01/06/2007

Electronic Signature of Signing Officer or Director

Date