


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000001275 1. Entity Name HIBISCUS PARK CRIME WATCH & NEIGHBORHOOD ASSOCIATION, INC.	
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Principal Place of Business 1008 SOUTH TENTH STREET FORT PIERCE, FL 34950	Mailing Address 1008 SOUTH TENTH STREET FORT PIERCE, FL 34950
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DO NOT WRITE IN THIS SPACE



02072008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent YATES, CLAYTON 311 SOUTH SECOND STREET SUITE 102 FORT PIERCE, FL 34950	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000858232 04/01/08-80037-007 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DE FILIPPIS, CECELIA 1006 BEACH CT FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CALANDRO, MICHELLE 1210 SOUTH 11TH STREET FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SAMPSON, LINDA 1102 SOUTH 11TH STREET FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  Linda Sampson 3/10/08	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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