


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90247 034 \*\*\*\*61.25

<b>DOCUMENT # N07362</b>	
<b>1. Entity Name</b> 228 HIBISCUS OWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b> 19985 EARL WOOD DR JUPITER, FL 33458	<b>Mailing Address</b> 19985 EARL WOOD DR JUPITER, FL 33458
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country

**4. FEI Number**  
59-2549677

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>	
WEIR, BARBARA 19985 EARLWOOD DR JUPITER, FL 33458 <i>DELETED</i>	

<b>7. Name and Address of New Registered Agent</b>	
<b>Name</b>	HIBISCUS ENTERPRISES
<b>Street Address (P.O. Box Number is Not Acceptable)</b>	228 HIBISCUS ST #8
<b>City</b>	JUPITER
<b>State</b>	FL
<b>Zip Code</b>	33458

**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** *Peter M. Wolfe*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b>	<b>S</b> <input checked="" type="checkbox"/> Delete
<b>NAME</b>	WEIR, BARBARA
<b>STREET ADDRESS</b>	19985 EARLWOOD DR
<b>CITY-ST-ZIP</b>	JUPITER, FL 33458
<b>TITLE</b>	<b>VP</b> <input checked="" type="checkbox"/> Delete
<b>NAME</b>	ALEXANDER, NORMAN
<b>STREET ADDRESS</b>	228 HIBISCUS ST., #8 & 9
<b>CITY-ST-ZIP</b>	JUPITER, FL
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	COSTON, DAN
<b>STREET ADDRESS</b>	228 HIBISCUS ST., #5
<b>CITY-ST-ZIP</b>	JUPITER, FL
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	PETTINGILL, RICHARD
<b>STREET ADDRESS</b>	228 HIBISCUS ST., #4
<b>CITY-ST-ZIP</b>	JUPITER, FL
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	NEEDLE, RICHARD
<b>STREET ADDRESS</b>	228 HIBISCUS ST., #5
<b>CITY-ST-ZIP</b>	JUPITER, FL 33458
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> Delete
<b>NAME</b>	WOLFE, CHRISTOPHER
<b>STREET ADDRESS</b>	228 HIBISCUS ST., #3
<b>CITY-ST-ZIP</b>	JUPITER, FL 33458

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	COLEY UNDERHILL
<b>STREET ADDRESS</b>	228 HIBISCUS ST #9D
<b>CITY-ST-ZIP</b>	JUPITER FL 33458
<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	HIBISCUS ENTERPRISE
<b>STREET ADDRESS</b>	228 HIBISCUS ST #8
<b>CITY-ST-ZIP</b>	JUPITER FL 33458
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** *Peter M. Wolfe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** *JAN 5 2007* **Daytime Phone #** *561-339-0755*