

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N37948 (9)**

1. Corporation Name  
**HIBISCUS ISLAND MAINTENANCE ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**1067 SHOTGUN RD SUNRISE FL 33326 US**

3. Date Incorporated or Qualified **05/02/1990** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	<b>65-0164753</b>	Not Applicable
23	City & State	City & State	28	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	Zip	Country	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
25			30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<del>SKRLD INC 201 ALHAMBRA CIR #1102 CORAL GABLES FL 33134</del>				81	Name <b>Rosen, Rosen &amp; Kreiling P.A.</b>		
				82	Street Address (P.O. Box Number is Not Acceptable) <b>1625 - N. Commerce Pkwy</b>		
				83	<b>Ste 225</b>		
				84	City <b>Ft. Lauderdale</b>	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **U.P. Rosen, Rosen, & Kreiling P.A. Edward Paul Kreiling** DATE: **2/1/96**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>ISMAL, SADRU DIN</b>		1.2 NAME				
STREET ADDRESS	<b>1410 SEABAY RD</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>		1.4 CITY-ST-ZIP				
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>MORRIS, KENNETH</b>		2.2 NAME				
STREET ADDRESS	<b>1340 SEABAY RD</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>		2.4 CITY-ST-ZIP				
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>PLATTS, MARGE</b>		3.2 NAME				
STREET ADDRESS	<b>1260 BAYVIEW CIR.</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>		3.4 CITY-ST-ZIP				
TITLE	<b>DP</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>MCKINNEY, JANET</b>		4.2 NAME				
STREET ADDRESS	<b>1370 SEABAY</b>		4.3 STREET ADDRESS				
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>		4.4 CITY-ST-ZIP				
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>NEWETT, TAMI</b>		5.2 NAME				
STREET ADDRESS	<b>1380 SEABAY RD</b>		5.3 STREET ADDRESS				
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Tami Newett* **Tami Newett** DATE: **2/6/96**

CR2E037 (12/95)