


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

Hibiscus Island Main

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90098 038 \*\*\*\*61.25

<b>DOCUMENT # N37948</b>	
1. Entity Name <b>HIBISCUS ISLAND MAINTENANCE ASSOCIATION, INC.</b>	

Principal Place of Business C/O CASTLE MANAGEMENT INC PO BOX 189013 PLANTATION, FL 33318 US	Mailing Address C/O CASTLE MANAGEMENT INC PO BOX 189013 PLANTATION, FL 33318 US
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**50050163**



2. Principal Place of Business C/O CASTLE GROUP Suite, Apt. #, etc. 12270 SW 3RD STREET City & State PLANTATION, FL Zip 33325	Country	3. Mailing Address C/O CASTLE GROUP Suite, Apt. #, etc. P.O. BOX 559009 City & State FT. LAUDERDALE, FL Zip 33325	Country
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03082005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0164753</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>ROSEN, EICHER E WESTON CORPORATE CENTRE 2500 WESTON RD., STE. 220 WESTON, FL 33331</b>		7. Name and Address of New Registered Agent Name <b>Bakalarz &amp; Eichner</b> Street Address (P.O. Box Number is Not Acceptable) <b>150 South Pine Island, Ste 540</b> City <b>Plantation</b> <b>FL</b> Zip Code <b>33324</b>	
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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 *Paul Eicher* 4-30-05  
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, 2005</b>	9. Election Campaign Financing 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PLATTS, MARGE 1260 BAYVIEW CIR. WESTON, FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SWITALSKI, PAM 1328 BAYVIEW CIRCLE WESTON, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURRAY, MITCH 1244 BAYVIEW CIR WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WINCELE, HOWARD 1344 BAYVIEW CIR WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CANTOR, JERRY 1450 SEABAY RD WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT-KNIGHT, HAMISH 1420 SEA BAY RD WESTON, FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYCHE, LAURA 1316 BAYVIEW CIRCLE WESTON, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, JUAN 1339 SEABAY RD. WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOTELLO, GINNY 1348 BAYVIEW CIRCLE WESTON, FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.

SIGNATURE: *[Signature]* Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR