


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90031 047 \*\*\*\*61.25

<b>DOCUMENT # N37948</b>					
1. Entity Name HIBISCUS ISLAND MAINTENANCE ASSOCIATION, INC.					
Principal Place of Business C/O CASTLE MANAGEMENT INC 12270 SW 3RD STREET FORT LAUDERDALE, FL 33325 US			Mailing Address C/O CASTLE MANAGEMENT INC PO BOX 56009 FORT LAUDERDALE, FL 33325 US		
2. Principal Place of Business - No P.O. Box # C/o Landmark Mgmt.		3. Mailing Address C/o Landmark Mgmt.			
Suite, Apt. #, etc. 1941 NW 150 Ave		Suite, Apt. #, etc. 1941 NW 150 Ave			
City & State Pembroke Pines, Fl		City & State Pembroke Pines, Fl			
Zip 33028		Country Broward		4. FEI Number 65-0164753	
Zip 33028		Country Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BAKALAR & EICHNER 150 SOUTH PINE ISLAND, SUITE 540 FORT LAUDERDALE, FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wincele, Howard 1344 Bayview Circle Weston, Fl 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Robert Alspecter 1324 Bayview Circle Weston, Fl 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Anthony Kowaleski 1209 Bayview Circle Weston, Fl 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mary Lacentra 1232 Bayview Circle Weston, Fl 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V David Switalski 1328 Bayview Circle Weston, Fl 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D James Joseffy 1225 Seabay Road Weston, Fl 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Barbara Wasserman 1360 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 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: <u>Howard Wincele</u>			Date: <u>2/20/07</u> Daytime Phone #: <u>954-389-0881</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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