2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # N95000001696

1. Entity Name

HIBISCUS RESIDENTS COOPERATIVE ASSOCIATION, INCORPORATED

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90026 039 ****61.25

Principal Place of Business	Mailing Address
1 HIBISCUS AVE MOUNT DORA FL 32757	21 ROSE LANE MOUNT DORA FL 32757

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
106 GARDENIA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State *MOUNT DORA, FL*

1st MOORE   CR2E037 (10/06)

Zip	Country	Zip *32757*	Country *USA*

4. FEI Number   59-2499494   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LA VONN, SPARKS 71 CAMELLIA AVE MOUNT DORA FL 32757	Name *KENNETH A. POMAR* Street Address (P.O. Box Number is Not Acceptable) *85 GARDENIA AVE.* City *MOUNT DORA* **FL** Zip Code *32757*

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 *Kenneth A. Pomar*   *2-28-07*

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

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐

$5.00 May Be Added to Fees

Make Check Payable to
Florida Department of State

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	*PRESIDENT PD*	☒ Change	☐ Addition
NAME	GOUGEON, BERNIE		NAME	*ALICE KRATZER*		
STREET ADDRESS	11 ROSE LANE		STREET ADDRESS	*104 CHESTNUT DR.*		
CITY ST ZIP	MT. DORA FL 32757		CITY ST ZIP	*MOUNT DORA, FL 32757*		
TITLE	VD	☒ Delete	TITLE	*VICE PRESIDENT VD*	☒ Change	☐ Addition
NAME	CASWELL, DORIS		NAME	*ROBERT MANN*		
STREET ADDRESS	35 HIBISCUS AVE		STREET ADDRESS	*52 HIBISCUS AVE.*		
CITY ST ZIP	MOUNT DORA FL 32757		CITY ST ZIP	*MOUNT DORA, FL 32757*		
TITLE	TD	☒ Delete	TITLE	*TD*	☒ Change	☐ Addition
NAME	JENNINGS, SANDRA		NAME	*JOANE M. TYRE*		
STREET ADDRESS	21 ROSE LANE		STREET ADDRESS	*106 GARDENIA AVE.*		
CITY ST ZIP	MOUNT DORA FL 32757		CITY ST ZIP	*MOUNT DORA, FL 32757*		
TITLE	RA	☒ Delete	TITLE	*RA*	☒ Change	☐ Addition
NAME	SPARKS, LA VONN		NAME	*KENNETH A. POMAR*		
STREET ADDRESS	71 CAMELLIA AVE		STREET ADDRESS	*85 GARDENIA AVE.*		
CITY ST ZIP	MOUNT DORA FL 32757		CITY ST ZIP	*MOUNT DORA, FL 32757*		
TITLE	SD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	MILLER, MARGE		NAME			
STREET ADDRESS	13 ROSE LANE		STREET ADDRESS			
CITY ST ZIP	MOUNT DORA FL 32757		CITY ST ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY ST ZIP			CITY ST ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Joane M. Tyre, TD/JOANE M. TYRE 2-28-07 352-735-2921*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #