

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007565

Entity Name: HIBISCUS I OF CHARLOTTE COUNTY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**3228 PURPLE MARTIN DRIVE
PUNTA GORDA, FL 33950**Current Mailing Address:**100 SULLIVAN ST
SUITE 112
PUNTA GORDA, FL 33950 US**FEI Number: 65-1032715****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GREENE, JOAN F
100 SULLIVAN ST
STE 112
PUNTA GORDA, FL 33950 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VPD
Name	CAIRNS, LARRY
Address	100 SULLIVAN ST SUITE 112
City-State-Zip:	PUNTA GORDA FL 33950

Title	PD
Name	BYRNES, JAMES
Address	100 SULLIVAN ST SUITE 112
City-State-Zip:	PUNTA GORDA FL 33950

Title	SD
Name	COPPER, THOMAS
Address	100 SULLIVAN ST SUITE 112
City-State-Zip:	PUNTA GORDA FL 33950

Title	TD
Name	TEMPLE, RALPH
Address	100 SULLIVAN ST SUITE 112
City-State-Zip:	PUNTA GORDA FL 33950

Title	D
Name	SELZ, BERNARD
Address	100 SULLIVAN ST SUITE 112
City-State-Zip:	PUNTA GORDA FL 33950

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES BYRNES**PRESIDENT****02/17/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date