

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007565

**Entity Name:** HIBISCUS I OF CHARLOTTE COUNTY CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 17, 2018**  
**Secretary of State**  
**CC0043619118**

**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