

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000011539

**Entity Name:** EHDOC HIBISCUS GROVE CHARITABLE CORPORATION**Current Principal Place of Business:**1200 S PINE ISLAND RD STE 725  
PLANTATION, FL 33324**Current Mailing Address:**1200 S PINE ISLAND RD STE 725  
PLANTATION, FL 33324 US**FEI Number:** 85-3611114**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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 DIRECTOR  
Name VILLANOVA, THOMAS P.  
Address 1200 S PINE ISLAND RD STE 725  
City-State-Zip: PLANTATION FL 33324

Title PRESIDENT / CEO  
Name RIBEIRO, MELANIE  
Address 1200 S PINE ISLAND RD STE 725  
City-State-Zip: PLANTATION FL 33324

Title VP  
Name ROMERO, EDWARD L  
Address 1200 S PINE ISLAND RD STE 725  
City-State-Zip: PLANTATION FL 33324

Title CHAIRMAN OF THE BOARD  
Name SHELTON, CHRISTOPHER M.  
Address 1200 S PINE ISLAND RD STE 725  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name FRANSETTA, TONY  
Address 1200 S PINE ISLAND RD STE 725  
City-State-Zip: PLANTATION FL 33324

Title VP  
Name GERARD, LEO W  
Address 1200 S PINE ISLAND RD STE 725  
City-State-Zip: PLANTATION FL 33324

Title SECRETARY  
Name CORDONE, MARIA C.  
Address 1200 S PINE ISLAND RD STE 725  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name ANDERSON, MARY  
Address 1200 S PINE ISLAND RD STE 725  
City-State-Zip: PLANTATION FL 33324

**Continues on page 2**

*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: MELANIE RIBEIRO****PRESIDENT / CEO****03/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CARTER, MAXINE  
Address 1200 S PINE ISLAND RD STE 725  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name ROBERTS, CECIL  
Address 1200 S PINE ISLAND RD STE 725  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name OLSEN, JOHN  
Address 1200 S PINE ISLAND RD STE 725  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name MARTINEZ, ROBERT  
Address 1200 S PINE ISLAND RD STE 725  
City-State-Zip: PLANTATION FL 33324

Title TREASURER  
Name SCHMELTZER, ERICA  
Address 1200 S PINE ISLAND RD STE 725  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name FEINGOLD, ELLEN  
Address 1200 S PINE ISLAND RD STE 725  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name SMITH, ROGER  
Address 1200 S PINE ISLAND RD STE 725  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name DEAN, ERIC  
Address 1200 S PINE ISLAND RD STE 725  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name MORET, LOU  
Address 1200 S PINE ISLAND RD STE 725  
City-State-Zip: PLANTATION FL 33324