FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 27 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709063 (2)

1. Corporation Name

HIBISCUS GRANGE NO. 201 INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
14 S. MAGNOLIA ST. P.O. BOX 186 FELLSMERE FL 32948	14 S. MAGNOLIA ST. P.O. BOX 186 FELLSMERE FL 32948

3. Date Incorporated or Qualified: 06/01/1965
3a. Date of Last Report: 04/26/1994
4. FEI Number: 23-7213497 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HONYOTSKI, ANN 14 S. MAGNOLIA ST. P.O. BOX 186 FELLSMERE FL 32948	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	☐ Change ☐ Addition
NAME	HONYOTSKI, ANN	1.2 NAME	
STREET ADDRESS	14 S. MAGNOLIA ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	LEVAN, EVELYN	2.2 NAME	
STREET ADDRESS	14095 109TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HORVATH, JOSEPH	3.2 NAME	
STREET ADDRESS	903 BAREFOOT BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAREFOOT BAY FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	WINTERMUTE, BETTY	4.2 NAME	
STREET ADDRESS	BOX 155 NA	4.3 STREET ADDRESS	
CITY-ST-ZIP	WABASSO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	YURKIEWICZ, PETER	5.2 NAME	
STREET ADDRESS	175 S ELM ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	NEFF, MARGARET A.	6.2 NAME	
STREET ADDRESS	1074 BARBER ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ann Honyotski Ann Honyotski, Treas 4/20/95 407/567-1012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

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