

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 709063

(2)

1. Corporation Name

HIBISCUS GRANGE NO. 201 INC.



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

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 617.0507 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**T
NAME
HONYOTSKI, ANN
STREET ADDRESS
14 S. MAGNOLIA ST.
CITY-ST-ZIP
FELLSMERE, FL 00000**

1.1 TITLE ☐ Change ☐ Addition

P ☐ DELETE

**P
NAME
LEVAN, EVELYN
STREET ADDRESS
14095 109TH ST
CITY-ST-ZIP
FELLSMERE FL**

2.1 TITLE ☐ Change ☐ Addition

D ☐ DELETE

**D
NAME
HORVATH, JOSEPH
STREET ADDRESS
903 BAREFOOT BLVD
CITY-ST-ZIP
BAREFOOT BAY FL**

3.1 TITLE ☐ Change ☐ Addition

S ☐ DELETE

**S
NAME
WINTERMUTE, BETTY
STREET ADDRESS
BOX 155 NA
CITY-ST-ZIP
WABASSO FL**

4.1 TITLE ☐ Change ☐ Addition

D ☐ DELETE

**D
NAME
YURKIEWICZ, PETER
STREET ADDRESS
175 S ELM ST
CITY-ST-ZIP
FELLSMERE FL**

5.1 TITLE ☐ Change ☐ Addition

D ☐ DELETE

**D
NAME
NEFF, MARGARET A.
STREET ADDRESS
1074 BARBER ST.
CITY-ST-ZIP
SEBASTIAN FL**

6.1 TITLE ☐ Change ☐ Addition

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)(k), 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*

4/20/96

407/571-1011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)