


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 709063 (2)**

1. Corporation Name  
**HIBISCUS GRANGE NO. 201 INC.**

Principal Place of Business <b>14 S. MAGNOLIA ST. P.O. BOX 186 FELLSMERE FL 32948</b>	Mailing Address <b>14 S. MAGNOLIA ST. P.O. BOX 186 FELLSMERE FL 32948</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>06/01/1965</b>
4. FEI Number <b>23-7213497</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**HONYOTSKI, ANN  
14 S. MAGNOLIA ST.  
P.O. BOX 186  
FELLSMERE FL 32948**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>HONYOTSKI, ANN</b>	
STREET ADDRESS	<b>14 S. MAGNOLIA ST.</b>	
CITY-ST-ZIP	<b>FELLSMERE, FL 00000</b>	
TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>LEVAN, EVELYN</b>	
STREET ADDRESS	<b>14095 109TH ST</b>	
CITY-ST-ZIP	<b>FELLSMERE FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>HORVATH, JOSEPH</b>	
STREET ADDRESS	<b>903 BAREFOOT BLVD</b>	
CITY-ST-ZIP	<b>BAREFOOT BAY FL</b>	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	<b>WINTERMUTE, BETTY</b>	
STREET ADDRESS	<b>4725 84th St</b>	
CITY-ST-ZIP	<b>WABASSO FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>PERRY, DONALD</b>	
STREET ADDRESS	<b>116 N LIME ST</b>	
CITY-ST-ZIP	<b>FELLSMERE FL</b>	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<b>NEFF, MARGARET A.</b>	
STREET ADDRESS	<b>1074 BARBER ST.</b>	
CITY-ST-ZIP	<b>SEBASTIAN FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

700000250272 Change ☐ Addition ☐  
-04/28/98--01050--016  
\*\*\*61.25

Mr Man-Dittman, Richard  
8255-125th Place  
Sebastian - FL

25  
4.28

Wintermute, Betty  
4725 84th St.  
Wabasso, FL

14. I hereby certify that the information supplied with this filing 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 \_\_\_\_\_

CR2E037 (10/97)