

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90187 019 ****61.25

DOCUMENT # 709063

1. Entity Name

HIBISCUS GRANGE NO. 201 INC.



Principal Place of Business

32N BROADWAY
FELLSMERE FL 32948

Mailing Address

PO BOX 186
FELLSMERE FL 32948

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

23-7213497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WATT, SHERLEE
142 S. CYPRESS ST.
FELLSMERE FL 32948

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME WATT, SHERLEE
STREET ADDRESS 142 SO. CYPRESS STREET
CITY-ST-ZIP FELLSMERE FL 32948

D ☐ Delete

NAME AKERS, REVIS
STREET ADDRESS 111 SO. OLEANDER STREET
CITY-ST-ZIP FELLSMERE FL 32948

P ☐ Delete

NAME MATTFELD, PAUL
STREET ADDRESS PO BOX 100
CITY-ST-ZIP FELLSMERE FL 32948

S ☐ Delete

NAME WATT, SHERLEE
STREET ADDRESS 142 S. CYPRESS ST.
CITY-ST-ZIP FELLSMERE FL 32948-6720

D ☐ Delete

NAME FLAGHERTY, KATHRYN
STREET ADDRESS PO BOX 276
CITY-ST-ZIP ROSELAND FL 32957

D ☒ Delete

NAME WINTERMUTE, CHARLES
STREET ADDRESS PO BOX 155
CITY-ST-ZIP WABASSO FL 32970

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME D PHYLLIS GUNSALUS
STREET ADDRESS 283 MORRISTOWN CAY
CITY-ST-ZIP VERO BEACH, FL. 32966

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SHERLEE WATT

04.26.04 (772)571-8608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #