


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT.

FILED

Apr 18, 2005 08:00 AM
Secretary of State

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
--	--



01052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7213497	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WATT, SHERLEE 142 S. CYPRESS ST. FELLSMERE, FL 32948

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATT, SHERLEE 142 SO. CYPRESS STREET FELLSMERE, FL 32948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AKERS, REVIS 111 SO. OLEANDER STREET FELLSMERE, FL 32948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTFELD, PAUL PO BOX 100 FELLSMERE, FL 32948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WATT, SHERLEE 142 S. CYPRESS ST. FELLSMERE, FL 329486720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAGHERTY, KATHRYN PO BOX 278 ROSELAND, FL 32957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUNSALUS, PHYLLIS 283 MORRISTOWN CAY VERO BEACH, FL 32966

000000312101
04/18/05-80072-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 live employees.

Sherlee Watt 04.15.05 772. 571 8 608

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #