

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90367 005 \*\*\*\*61.25

**DOCUMENT # N92000000363**

1. Entity Name  
**HIBISCUS POINTE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**13611-6 MCGREGOR BLVD.  
 FORT MYERS, FL 33919**

Mailing Address  
**13611-6 MCGREGOR BLVD.  
 FORT MYERS, FL 33919**



2. Principal Place of Business  
**6700 Winkler Rd**

3. Mailing Address  
**same**

Suite, Apt. #, etc.  
**#2**

City & State  
**Ft. Myers FL**

Zip  
**33919**

03072006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0402746**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MONARCH ASSOCIATION MANAGEMENT, INC.  
 13611-6 MCGREGOR BLVD.  
 FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent

Name  
**Alliant Property Mgmt**

Street Address (P.O. Box Number is Not Acceptable)  
**6700 Winkler Rd #2**

City  
**Ft. Myers** FL Zip Code  
**33919**

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 \_\_\_\_\_ DATE **4.10.06**

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

**Filing Fee Is \$61.25 Due by May 1, 2006**

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 NAME STREET ADDRESS CITY-ST-ZIP	SD WIERSMA, RUSS 0-2150 LEONARD RD GRAND RAPIDS, MI 49544 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RELIAS, JOHN 4411 BAY BEACH LANE FT MYERS BEACH, FL 33931 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FACAS, ED 4451 BAY BEACH LANE #424 FORT MYERS BEACH, FL 33931 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHRISTOFIS, MIKE 50180 RALEIGH CT MACOMB, MI 48044 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHROEDER, LEE 25 S CEDAR PKWY LIVINGSTON, NJ 07039 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D-ROBERT LENART 9375 TIMBERLINE CT. PLYMOUTH, ME. 48170 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Shirley Ayer 4431 Bay Beach Ln #514 Ft. Myers Beach, FL 33931 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_ DATE **4-12-06** DAYTIME PHONE # **239-463-6324**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR