



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		Suite, Apt. #, etc.			
City & State Ft. Myers FL		City & State			
Zip 33919		Country		Zip Country	
4. FEI Number 65-0402746				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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4-10-06	
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	D-ROBERT LENART 9325 TIMBERLINE CT. PLYMOUTH, MI 48170 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: 			4-12-06 239-463-6324		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		