


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90019 001 ****61.25

DOCUMENT # N92000000363 1. Entity Name HIBISCUS POINTE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 6700 WINKLER RD SUITE 2 FORT MYERS, FL 33919		Mailing Address 6700 WINKLER RD SUITE 2 FORT MYERS, FL 33919	
Alliant Property Mgmt. 6719 Winkler Rd. Suite 200 Ft. Myers, FL 33919		Alliant Property Mgmt. 6719 Winkler Rd. Suite 200 Ft. Myers, FL 33919	
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 ALLIANT PROPERTY MGMT 6700 WINKLER RD SUITE 2 FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Alliant Property Mgmt. 6719 Winkler Rd. Suite 200 Ft. Myers, FL 33919 <div style="text-align: right;"> FL Zip Code </div>	
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 <u><i>William Starks</i></u> VP Agent		DATE <u>3/26/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FACAS, ED 4451 BAY BEACH LANE #424 FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENART, ROBERT 9375 TIMBERLINE CT PLYMOUTH, MI 48170	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AYER, SHIRLEY 4431 BAY BEACH LN SUITE 514 FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input 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: <u><i>William Starks</i></u>		Date <u>4-4-07</u> Daytime Phone #	