

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90036 017 ****61.25

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1. Entity Name
HIBISCUS POINTE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**ALLIANT PROPERTY MGMT
6719 WINKLER RD SUITE 200
FORT MYERS, FL 33919**

Mailing Address
**ALLIANT PROPERTY MGMT
6719 WINKLER RD SUITE 200
FORT MYERS, FL 33919**

40067360



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0402746

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLIANT PROPERTY MGMT
6719 WINKLER RD SUITE 200
FORT MYERS, FL 33919**

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

Shirley Ayer

Agent

4-1-08

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Delete
NAME WIERSMA, RUSS
STREET ADDRESS 0-2150 LEONARD RD
CITY-ST-ZIP GRAND RAPIDS, MI 49544

TITLE SD ☐ Change ☒ Addition
NAME Richard Morton
STREET ADDRESS 4491 Bay Beach Ln #154
CITY-ST-ZIP Ft Myers Beach, FL 33931

TITLE P ☐ Delete
NAME FACAS, ED
STREET ADDRESS 4451 BAY BEACH LANE #424
CITY-ST-ZIP FORT MYERS BEACH, FL 33931

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME CHRISTOFIS, MIKE
STREET ADDRESS 50180 RALEIGH CT
CITY-ST-ZIP MACOMB, MI 48044

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LENART, ROBERT
STREET ADDRESS 9375 TIMBERLINE CT
CITY-ST-ZIP PLYMOUTH, MI 48170

TITLE D ☒ Change ☐ Addition
NAME Robert Lenart
STREET ADDRESS 4431 Bay Beach Ln #532
CITY-ST-ZIP Ft Myers Beach, FL 33931

TITLE T ☐ Delete
NAME AYER, SHIRLEY
STREET ADDRESS 4431 BAY BEACH LN SUITE 514
CITY-ST-ZIP FORT MYERS BEACH, FL 33931

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Shirley Ayer, Treas.

4-6-08

312-439-4035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #