


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90047 050 ****61.25

DOCUMENT # N93000004019			
1. Entity Name HIBISCUS POINTE BOAT COOPERATIVE ASSOCIATION, INC.			
Principal Place of Business 6700 WINKLER RD 2 FORT MYERS, FL 33919		Mailing Address 6700 WINKLER RD 2 FORT MYERS, FL 33919 US	
Alliant Property Mgmt. 6719 Winkler Rd. Suite 200 Ft. Myers, FL 33919		Alliant Property Mgmt. 6719 Winkler Rd. Suite 200 Ft. Myers, FL 33919	
Zip		Country	
6. Name and Address of Current Registered Agent ALLIANT PROP. MGMT 6700 WINKLER RD 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	
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>Milton Stroth</i></u> <i>VP agent</i> 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROFMAN, GERALD 4411 BAY BEACH LANE # 714 FORT MYERS BEACH, FL 33931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAPMAN, WALTER 4693 MAIN ST ONEKAMA, MI 49675	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PALAMBO, FRED 4411 BAY BEACH LANE #713 FORT MYERS BEACH, FL 33931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOWERS, TOM 4411 BAY BCH LN 742 FORT MYERS BEACH, FL 33931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, SANDY 1940 S 300 W ZIONSVILLE, IN 46077	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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>Walter Chapman</i></u>		Date: <u>4/9/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	