

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90351 014 ****61.25

DOCUMENT # *N95000001696 (2)*

1. Entity Name
*HIBISCUS RESIDENTS
COOPERATIVE ASSOCIATION, INC.*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
*HIBISCUS MOBILE HOME
COMMUNITY*

3. Mailing Address *SANDRA JENNINGS
21 ROSE LANE*

Suite, Apt. #, etc.
1 HIBISCUS AV.

Suite, Apt. #, etc.
MT. DORA FL

City & State
MT. DORA FL.

City & State

4. FEI Number
592499494

Applied For
Not Applicable

Zip
32757

Country
U.S.A.

Zip
32757

Country
USA.

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

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LA VONN SPARKS

Street Address (P.O. Box Number is Not Acceptable)

71 CAMELLIA AV.

City
MT. DORA

FL Zip Code
32757

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 *LA VONN SPARKS* *LaVonn Sparks Registered Agent April 16, 2004*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating) DATE

FEE IS \$81.25
Initial or Amended UBR

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
*P
BERNARD GOUGEON
11 ROSE LN.
MT. DORA, FL. 32757*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*V
N/A*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*S.
DORIS CASWELL
35 HIBISCUS AV.
MT. DORA, FL. 32757*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*T.
SANDRA JENNINGS
21 ROSE LN.
MT. DORA, FL. 32757*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*REGISTERED AGENT
LA VONN SPARKS
71 CAMELLIA AV.
MT. DORA, FL. 32757*

TITLE
NAME
STREET ADDRESS
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Sandra Jennings* *SANDRA JENNINGS T. April 16, 2004 383-9644* (352)

CR2E037B (12/02)