

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90119 007 ****61.25

DOCUMENT # N95000001696

1. Entity Name

**HIBISCUS RESIDENTS COOPERATIVE ASSOCIATION,
INCORPORATED**



Principal Place of Business

**1 HIBISCUS AVE
MOUNT DORA FL 32757**

Mailing Address

**21 ROSE LANE
MOUNT DORA FL 32757**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2499494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LA VONN, SPARKS
71 CAMELLIA AVE
MOUNT DORA FL 32757**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 PD ☐ Delete
NAME GOUGEON, BERNIE
STREET ADDRESS 11 ROSE LANE
CITY-ST-ZIP MT. DORA FL 32757

TITLE SD ☐ Delete
NAME CASWELL, DORIS
STREET ADDRESS 35 HIBISCUS AVE
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE TD ☐ Delete
NAME JENNINGS, SANDRA
STREET ADDRESS 21 ROSE LANE
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE RA ☐ Delete
NAME SPARKS, LA VONN
STREET ADDRESS 71 CAMELLIA AVE
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE VD ☒ Delete
NAME PRESLEY, DEBORAH
STREET ADDRESS 26 ROASE LANE
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Change ☒ Addition
NAME MARGE MILLER
STREET ADDRESS 13 ROSE LANE
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE VD ☒ Change ☐ Addition
NAME CASWELL, DORIS
STREET ADDRESS 35 HIBISCUS AVE.
CITY-ST-ZIP MOUNT DORA FL 32757

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

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

TITLE ☐ Change ☐ Addition
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 Section 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: *TO Sandra Jennings* SANDRA JENNINGS

MARCH 20, 2006 (352) 383-9644