

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 21, 1999 8:00 am
Secretary of State

05-21-1999 90001 020 ****61.25

DOCUMENT # N97000005996

1. Corporation Name

HIBISCUS COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
2011 MATA CUMBE KEY ROAD
PUNTA GORDA FL 33955

Mailing Address
307 E. MARION AVENUE
PUNTA GORDA FL 33950

1 10000 0000 0000 0000 0000 0000 0000
* 5 6 2 9 9 3 *
562993 - 90001 - 20



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2511 Vasconcelos #119
Suite, Apt. #, etc.

22 City & State

27 Punta Gorda
City & State

23 Zip

Country

28 Fla
Zip

Country

24

25

29 33950

30

USA

3. Date Incorporated or Qualified

10/24/1997

4. FEI Number

65-0794001

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WOTITZKY, EDWARD L
203 TAYLOR ST.
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME RUGGIERI, MARY V
STREET ADDRESS 25188 MARION AVE.
CITY-ST-ZIP PUNTA GORDA FL 33950

DELETE

TITLE D
NAME GEERTS, JOSE
STREET ADDRESS 307 E. MARION AVE.
CITY-ST-ZIP PUNTA GORDA FL 33950

DELETE

TITLE DVS
NAME GEERTS, ELIZABETH
STREET ADDRESS 307 E. MARION AVE.
CITY-ST-ZIP PUNTA GORDA FL 33950

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)