FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:42

DOCUMENT # 727134 **(9)**

1. Corporation Name
HICKORY SHORES CONDOMINIUM CLUB, INC.

Principal Place of Business	Mailing Address
26236 HICKORY BLVD. SW BONITA SPRGS FL 33923	26236 HICKORY BLVD. SW BONITA SPRGS FL 33923

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/08/1973
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-6617286 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

LAUGHNER, ADA
26236 HICKORY BLVD.
STE. #18
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name: AUDREY SMANDRA
82 Street Address (P.O. Box Number is Not Acceptable): 3833 WOODLAKE DR S/W
83
84 City: BONITA SPRINGS FL 85 Zip Code: 33923

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Audrey Smandra Sec/Treas. DATE: 02/09/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	WEST, JOHN	1.2 NAME	RODEN, RUBERT	
STREET ADDRESS	27800 MEADOW LARK LANE	1.3 STREET ADDRESS	26236 HICKORY BLVD S/W #6	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
TITLE	DS	2.1 TITLE	DS/T	☒ Change ☐ Addition
NAME	HASSTOTZ, BONNIE	2.2 NAME	AUDREY SMANDRA	
STREET ADDRESS	W 5229 OAK PARK RD.	2.3 STREET ADDRESS	3833 WOODLAKE DR S/W	
CITY-ST-ZIP	ELKHORN WI	2.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923	
TITLE	TD	3.1 TITLE	VD	☐ Change ☐ Addition
NAME	LAUGHNER, ADA	3.2 NAME	LIONEL GALIPEAU	
STREET ADDRESS	26236 HICKORY BLVD., #18	3.3 STREET ADDRESS	RR#1 NORE L	
CITY-ST-ZIP	BONITA SPRINGS FL 33923	3.4 CITY-ST-ZIP	ONTARIO [illegible]	
TITLE	VD	4.1 TITLE	D	☐ Change ☐ Addition
NAME	BUTTERMORE, RICHARD	4.2 NAME	PETER GREENE	
STREET ADDRESS	1004 QUINCY ST.	4.3 STREET ADDRESS	156 CENTURY DR	
CITY-ST-ZIP	MCLEAN VA 26101	4.4 CITY-ST-ZIP	SYRACUSE, N.Y. 13209	
TITLE	D	5.1 TITLE	D	☐ Change ☐ Addition
NAME	RIEMER, RICHARD	5.2 NAME	EMERSON, EARL	
STREET ADDRESS	15025 S.E. 49TH ST.	5.3 STREET ADDRESS	26236 Hickory Blvd #20	
CITY-ST-ZIP	BELLEVUE WA 98006	5.4 CITY-ST-ZIP	Bonita Springs, FL 33923	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	RODEN, RUPERT	6.2 NAME		
STREET ADDRESS	26236 HICKORY BLVD #6	6.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Audrey Smandra Ada Laughner — 02-09-95 — 813-947-3821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
AUDREY SMANDRA