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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 760277 (4)

1. Corporation Name

HICKORY STREET MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1350 SOUTH HICKORY STREET
MELBOURNE FL 32901
US

1350 SOUTH HICKORY STREET
MELBOURNE FL 32901-3276
US

3. Date Incorporated or Qualified
10/05/1981

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

22

27

23

28

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATHIAS, DAVID E.
8249 DEVEREUX DR.
MELBOURNE FL 32940

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD DELETE
NAME GALLOWAY, ROBERT C
STREET ADDRESS 1350 SOUTH HICKORY ST
CITY-ST-ZIP MELBOURNE FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 8249 Devereux Drive
1.4 CITY-ST-ZIP Melbourne, FL 32940

TITLE SD DELETE
NAME BUNKER, STEPHEN
STREET ADDRESS 1350 S HICKORY ST
CITY-ST-ZIP MELBOURNE FL

2.1 TITLE PD Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD DELETE
NAME MEANS, MICHAEL D.
STREET ADDRESS 1350 S HICKORY ST
CITY-ST-ZIP MELBOURNE, FL 00000

3.1 TITLE SD Change Addition
3.2 NAME Mathias, David E
3.3 STREET ADDRESS 8249 Devereux Drive
3.4 CITY-ST-ZIP Melbourne, FL 32940

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

Stephen P. Bunker

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/97

[407] 727-7000

Daytime Phone # 0018476

CR2E037 (9/96)