



**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90016 002 ****61.25

DOCUMENT # 760277					
1. Entity Name HICKORY STREET MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1350 SOUTH HICKORY STREET MELBOURNE, FL 32901 US		Mailing Address 6450 US HWY #1 ROCKLEDGE, FL 32955 US			
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 NOT APPLICABLE	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MATHIAS, DAVID E. 6450 US HWY #1 ROCKLEDGE, FL 32955			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, ROBERT C		NAME		
STREET ADDRESS	6450 US HWY #1		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	MATHIAS, DAVID E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIAS, DAVID E.		NAME		
STREET ADDRESS	6450 US HWY #1		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, CHRISTOPHER S		NAME		
STREET ADDRESS	1350 SOUTH HICKORY STREET		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32901		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 		David E. Mathias, SD		2/13/06 321/434-4355	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	