

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91439 032 \*\*\*\*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  
**8249 DEVEREAUX DRIVE  
MELBOURNE FL 32940-7955  
US**

2. Principal Place of Business

3. Mailing Address  
**6450 U.S. Hwy #1**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Rockledge, FL**

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

**32955**

Country

**USA**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**6450 U.S. Hwy #1**  
City **Rockledge** State **FL** Zip Code **32955**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>GALLOWAY, ROBERT C</b>	
STREET ADDRESS	<b>8249 DEVEREUX DRIVE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940-7955</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MATHIAS, DAVID E.</b>	
STREET ADDRESS	<b>8249 DEVEREUX DRIVE</b>	
CITY-ST-ZIP	<b>MELBOURNE, FL 00000 32940-7955</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>RAY, JOHN</b>	
STREET ADDRESS	<b>1350 S HICKORY STREET</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6450 U.S. Hwy #1</b>	
CITY-ST-ZIP	<b>Rockledge, FL 32955</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6450 U.S. Hwy #1</b>	
CITY-ST-ZIP	<b>Rockledge, FL 32955</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KENNEDY, CHRISTOPHER S.</b>	
STREET ADDRESS	<b>1350 South Hickory Street</b>	
CITY-ST-ZIP	<b>Melbourne, FL 32901</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *[Signature]*

4/22/03

321 - 434-4355

CR2E037 (10/02)