

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 31, 2004  
Secretary of State**

DOCUMENT# N02000009759

Entity Name: HICKORY WOODS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3974 TAMPA ROAD  
B  
OLDSMAR, FL 34677

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2157  
OLDSMAR, FL 34677

**New Mailing Address:**

FEI Number: 56-2336536      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HANSON, JACK B  
3974 TAMPA ROAD #B  
OLDSMAR, FL 34677      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: JOHNSON, MARK  
Address: 255 PINE AVENUE NORTH  
City-St-Zip: OLDSMAR, FL 34677

Title: VD      ( ) Delete  
Name: FLOYD, LARRY  
Address: 255 PINE AVENUE NORTH  
City-St-Zip: OLDSMAR, FL 34677

Title: STD      ( ) Delete  
Name: SHARP, DONALD  
Address: 255 PINE AVENUE NORTH  
City-St-Zip: OLDSMAR, FL 34677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD      (X) Change ( ) Addition  
Name: FONTANA, JOSEPH  
Address: 255 PINE AVENUE NORTH  
City-St-Zip: OLDSMAR, FL 34677

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK JOHNSON

PD

03/31/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date