

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009759

FILED
Apr 12, 2006
Secretary of State

Entity Name: HICKORY WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3974 TAMPA ROAD
SUITE B
OLDSMAR, FL 34677

New Principal Place of Business:

3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683

Current Mailing Address:

PO BOX 2157
OLDSMAR, FL 34677

New Mailing Address:

3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683

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:

HANSON, JACK B
MELROSE MANAGEMENT GROUP
3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683 US

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: JACK B HANSON

04/12/2006

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: VPD () Delete
Name: FONTANA, JOSEPH
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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PORTO, CURRAN
Address: 106 FOREST BREEZE AVE
City-St-Zip: BRANDON, FL 33511

Title: VPD (X) Change () Addition
Name: HARRIS, ADRIAN
Address: 4110 WALDEN VIEW DRIVE
City-St-Zip: BRANDON, FL 33511

Title: TD (X) Change () Addition
Name: BERNSTEIN, SCOTT
Address: 4201 WINDING VINE CT
City-St-Zip: BRANDON, FL 33511

Title: SD () Change (X) Addition
Name: SHALOSKY, KATHY
Address: 4206 WALDEN VIEW DR
City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JACK B HANSON

AGEN

04/12/2006

Electronic Signature of Signing Officer or Director

Date