

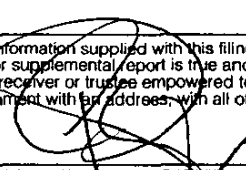


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90091 018 ****61.25

DOCUMENT # N02000009759			
1. Entity Name HICKORY WOODS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683		Mailing Address 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683	
2. Principal Place of Business - No P.O. Box # 409 College Ave East		3. Mailing Address P.O. Box 1058	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ruskin, FL		City & State Ruskin, FL	
Zip 33570		Country USA	
4. FEI Number 56-2336536 59-2336536		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 HANSON, JACK B MELROSE MANAGEMENT GROUP 3527 PALM HARBOR BLVD PALM HARBOR, FL 34683		7. Name and Address of New Registered Agent Name: Dee Anne King Street Address (P.O. Box Number is Not Acceptable): 409 College Avenue East City: Ruskin FL Zip Code: 33570	
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: 3/15/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: PORTO, CURRAN STREET ADDRESS: 106 FOREST BREEZE AVE CITY-ST-ZIP: BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: HARRIS, ADRIAN STREET ADDRESS: 4110 WALDEN VIEW DRIVE CITY-ST-ZIP: BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: BERNSTEIN, SCOTT STREET ADDRESS: 4201 WINDING VINE CT CITY-ST-ZIP: BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: Mendez, Jack STREET ADDRESS: 4208 Walden View Drive CITY-ST-ZIP: Brandon, FL 33511	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: SHALOSKY, KATHY STREET ADDRESS: 4206 WALDEN VIEW DR CITY-ST-ZIP: BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: D NAME: Kerker, Tom STREET ADDRESS: 4103 Walden View Drive CITY-ST-ZIP: Brandon, FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: 3/15/07 Daytime Phone #: (813) 258-2200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			