2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009759

FILED Feb 26, 2009 Secretary of State

Entity Name: HICKORY WOODS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
409 COLL RUSKIN, F	EGE AVE EAS FL 33570	ST				
Current Mailing Address:			New Maili	New Mailing Address:		
PO BOX 1 RUSKIN, F						
FEI Number	: 56-2336536	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address of	New Registered Agent:	
KING, DEI 409 COLL RUSKIN, F	EGE AVE E	JS				
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATU	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (ROUTMAN, JO 311 FOREST BRANDON, FL	BREEZE DR	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V (CABALLER, N 4202 MISTY G BRANDON, FL	ROVE CT	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T (PUTLARZ, ALI 4303 DEER KI BRANDON, FL	NOLL CT	Title: Name: Address: City-St-Zip:	CHESTER, C	FBREEZE AVE.	
Title: Name: Address: City-St-Zip:	S (RUNNELS, TE 4225 MISTY G BRANDON, FL	ROVE CT	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BAILEY, DOUG 4212 WINDING BRANDON, FL	G VINE DRIVE	Title: Name: Address: City-St-Zip:	BAILEY, DO	NG VINE DRIVE	

I hereby certify that the information supplied with this filing does not qualify 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: DEE ANNE KING RA 02/26/2009