


04-28-2003 91475 009 \*\*\*\*61.25

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

<b>DOCUMENT # N02000009759</b> 1. Entity Name <b>HICKORY WOODS HOMEOWNERS ASSOCIATION, INC.</b>	
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10088441



CHECK HERE IF MAKING CHANGES

Principal Place of Business 255 PINE AVENUE NORTH OLDSMAR, FL 34677	Mailing Address 255 PINE AVENUE NORTH OLDSMAR, FL 34677
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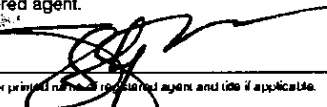
2. Principal Place of Business <b>3974 TAMPA ROAD</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO BOX 2157</b> Suite, Apt. #, etc.
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City & State <b>OLDSMAR FL</b>	City & State <b>OLDSMAR FL</b>	4. FEI Number <b>562336536</b>	Applied For Not Applicable
Zip <b>34677</b>	Country	Zip <b>34677</b>	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, BLAKELY, POPE, BOKOR RUPPELL & B % ROGER A. LARSON 911 CHESTNUT STREET CLEARWATER, FL 33756	7. Name and Address of New Registered Agent Name: <b>JACK B. HANSON</b> Street Address (P.O. Box Number is Not Acceptable): <b>3974 TAMPA ROAD #B</b> City: <b>OLDSMAR</b> FL Zip Code: <b>34677</b>
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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:  **JACK B. HANSON** DATE: **4/18/03**

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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State		

10. OFFICERS AND DIRECTORS	
TITLE	PD JOHNSON, MARK <input type="checkbox"/> Delete 255 PINE AVENUE NORTH OLDSMAR, FL 34677
TITLE	VD <input checked="" type="checkbox"/> Delete DOMBROWSKI, RICHARD 255 PINE AVENUE NORTH OLDSMAR, FL 34677
TITLE	STD <input type="checkbox"/> Delete SHARP, DONALD 255 PINE AVENUE NORTH OLDSMAR, FL 34677
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition FLOYD, LARRY 355 PINE AVENUE NORTH OLDSMAR FL 34677
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)