

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90012 003 ****61.25



DOCUMENT # N99000003250
1. Entity Name
**HANCOCK CREEK SOUTH CENTER PROPERTY OWNER'S
ASSOCIATION, INC.**

Principal Place of Business Mailing Address
**390 PONDELLA ROAD SUITE 4
NORTH FORT MYERS FL 33903** **390 PONDELLA ROAD SUITE 4
NORTH FORT MYERS FL 33903**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number **65-0928907** Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**STERN, FRANK
390 PONDELLA ROAD SUITE 4
NORTH FORT MYERS FL 33903**

7. Name and Address of New Registered Agent
Name **Lawrence M Sickler**
Street Address (P.O. Box Number is Not Acceptable)
13321 Queen Palm Run
City **N Ft Myers** FL Zip Code **33903**

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 *Lawrence M Sickler* DATE **3/03/08**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature is required when resigning)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STERN, EDWARD H 390 PONDELLA ROAD SUITE 4 NORTH FORT MYERS FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete STERN, FRANK 390 PONDELLA ROAD SUITE 4 NORTH FORT MYERS FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STERN, E.J. 390 PONDELLA ROAD SUITE 4 NORTH FORT MYERS FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Sickler, Lawrence M 13321 Queen Palm Run NEM FL 33903
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Section 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: *Lawrence M Sickler*

3/05/08