

**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      Applied For  
**65-0928907**      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 required when resigning)

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

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

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

**10. OFFICERS AND DIRECTORS**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sickler, Lawrence M	
STREET ADDRESS	13321 Queen Palm Run	
CITY-ST-ZIP	NEM FL 33903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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