


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90021 021 \*\*\*\*61.25

<b>DOCUMENT # N94000005415</b> 1. Entity Name <b>HICKORY RIDGE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>% PENN FIRST MANAGEMENT INC.</b> <b>1813 N. DEAN ROAD, STE 103</b> <b>ORLANDO, FL 32817 US</b>			Mailing Address <b>% PENN FIRST MANAGEMENT INC.</b> <b>1813 N. DEAN ROAD, STE 103</b> <b>ORLANDO, FL 32817 US</b>		
2. Principal Place of Business <b>1950 Lee Road</b> Suite, Apt. #, etc. <b>Suite 20</b> City & State <b>Winter Park, FL</b> Zip <b>32789</b>		3. Mailing Address <b>1950 Lee Road</b> Suite, Apt. #, etc. <b>Suite 212</b> City & State <b>Winter Park, FL</b> Zip <b>32789</b>		01072004 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>59-3365079</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>SHEELER, LAWRENCE M</b> <b>% PENN FIRST MANAGEMENT INC.</b> <b>1813 N. DEAN ROAD, STE 103</b> <b>ORLANDO, FL 32817</b>	
7. Name and Address of New Registered Agent Name <b>Janice C. Armstrong</b> Street Address (P.O. Box Number is Not Acceptable) <b>Greystone Management Company, Inc.</b> <b>1950 Lee Road, Suite 212</b> City <b>Winter Park</b> FL Zip Code <b>32789</b>				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 <u><i>Janice C. Armstrong</i></u> <b>1-9-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURMAN, DONOVAN 7226 HICKORY BRANCH CIRCLE ORLANDO, FL 32818	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARAHLE, JULIE 7035 HICKORY BRANCH CIR ORLANDO, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARCE, JARGE 2815 RIDGE COVE CT ORLANDO, FL 32818	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ricky Clark 7244 Hickory Branch CR Orlando FL 32818	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Eleida, Felicia 7118 Hickory Branch CR Orlando FL 32818	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Christian Dawson 7136 Hickory Branch CR Orlando FL 32818	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ricky Clark 7244 Hickory Branch Circle Orlando FL 32818	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Eleida Feliciano 7118 Hickory Branch Circle Orlando FL 32818	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Christian Dawson 7136 Hickory Branch Circle Orlando FL 32818	<input type="checkbox"/> Change <input checked="" 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.					
<b>SIGNATURE:</b> <u><i>Janice C. Armstrong</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					<b>1-22-04</b> <small>Date</small>
<small>Daytime Phone #</small>					