
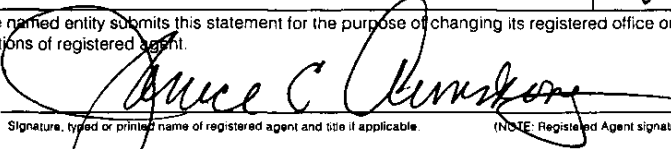
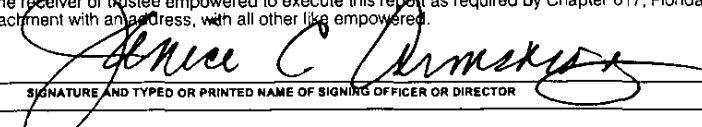


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90007 037 ****61.25

DOCUMENT # N94000005415 1. Entity Name HICKORY RIDGE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 1950 LEE RD. STE 212 WINTER PARK, FL 32789 US			Mailing Address 1950 LEE RD. STE 212 WINTER PARK, FL 32789 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1936 Lee Rd			
Suite, Apt. #, etc. 1936 Lee Rd Suite 250		Suite, Apt. #, etc. Suite 250			
City & State Winter Park FL		City & State Winter Park FL			
Zip 32789		Country USA		Zip 32789	
Country USA		Country USA			
6. Name and Address of Current Registered Agent ARMSTRONG, JANICE C GREYSTONE MANAGEMENT COMPANY INC.K 1950 LEE RD. STE 212 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Greystone Management Company LLC Street Address (P.O. Box Number is Not Acceptable) 1936 Lee Rd Suite 250 City Winter Park FL Zip Code 32789		
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  7/23/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, RICKY 7244 HICKORY BRANCH CIR ORLANDO, FL 32818	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ELEIDA, FELICIANO 7118 HICKORY BRANCH CIR ORLANDO, FL 32818	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAWSON, CHRISTION 7136 HICKORY BRANCH CIR ORLANDO, FL 32818	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jorge Hernandez <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7129 Hickory Branch Circle Orlando FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAL Nelson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 722 Hickory Branch Circle Orlando FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		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 Chapter 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:  7/23/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					