

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

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-17-2003 90212 031 ****61.25

DOCUMENT # N94000005415

1. Entity Name

HICKORY RIDGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

% PENN FIRST MANAGEMENT INC.
1813 N. DEAN ROAD, STE 103
ORLANDO FL 32817
US

Mailing Address

% PENN FIRST MANAGEMENT INC.
1813 N. DEAN ROAD, STE 103
ORLANDO FL 32817
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3365079**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEELER, LAWRENCE M.
% PENN FIRST MANAGEMENT INC.
1813 N. DEAN ROAD, STE 103
ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name **PENN FIRST**
Street Address **MANAGEMENT, INC.**
1813 N. DEAN RD SUITE 103
ORLANDO FL 32817
City

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. Sheeler **president** *Lawrence M. Sheeler* **2/24/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW- FEE IS \$61.25.

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 **PD** ☐ Delete
NAME **BURMAN, DONOVAN**
STREET ADDRESS **7226 HICKORY BRANCH CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **SD** ☒ Delete
NAME **BAERGA, ESTHER**
STREET ADDRESS **2814 RIDGE COVE COURT**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **TD** ☒ Delete
NAME **OJEDA, MARIBEL**
STREET ADDRESS **7232 HICKORY BRANCH CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** ☐ Change ☒ Addition
NAME **Julie J. Archie**
STREET ADDRESS **7035 Hickory Branch Cir.**
CITY-ST-ZIP **Orlando, FL**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Jorge Arce**
STREET ADDRESS **2815 Ridge Cove CT**
CITY-ST-ZIP **Orlando FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-10-03

Date

Daytime Phone #

CR2E037 (10/02)