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.				
SIGNATURE:	ROSE SMITH			02/25/2018
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PD	Title	TREASURER	
Name	SMITH, ROSE	Name	MULLIGAN, BARBARA	
Address	2515 WHITE OAK LANE	Address	P.O. BOX 5444	

TITUSVILLE, FL 32780

2515 WHITE OAK LANE

### **Current Mailing Address:**

PO BOX 5444 TITUSVILLE, FL 32783 US

## FEI Number: 59-2861152

### Name and Address of Current Registered Agent:

SMITH, ROSE 2515 WHITE OAK LANE TITUSVILLE, FL 32780 US

City-State-Zip: TITUSVILLE FL 32780

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA MULLIGAN

TREASURER

City-State-Zip: TITUSVILLE FL 32783

02/25/2018

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# 713165

Entity Name: HICKORY HILL HOME OWNERS ASSOCIATION, INC.

# **Current Principal Place of Business:**

## FILED Feb 25, 2018 Secretary of State CC9430786939

Certificate of Status Desired: No

Electronic Signature of Signing Officer/Director Detail

Date