

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760277

**Entity Name:** HICKORY STREET MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 30, 2018**  
**Secretary of State**  
**CC7778970039**

**Current Principal Place of Business:**

6450 US HIGHWAY 1  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

6450 US HIGHWAY 1  
ROCKLEDGE, FL 32955 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROMANELLO, NICHOLAS W. ESQ.  
6450 US HIGHWAY 1  
ROCKLEDGE, FL 32955 US

*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: NICHOLAS W. ROMANELLO**

**04/30/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TD	Title	SD
Name	FELKNER, JOSEPH G	Name	ROMANELLO, NICHOLAS W.
Address	6450 US HIGHWAY 1	Address	6450 US HIGHWAY 1
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955
Title	PD		
Name	RECTOR, DREW A		
Address	6450 US HIGHWAY 1		
City-State-Zip:	ROCKLEDGE FL 32901		

*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: DREW A. RECTOR**

**PRESIDENT**

**04/30/2018**

Electronic Signature of Signing Officer/Director Detail

Date