2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760277

Entity Name: HICKORY STREET MEDICAL CENTER CONDOMINIUM

ASSOCIATION, INC.

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:

MATHIAS, DAVID E. 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:

Electronic Signature of Registered Agent

Date

FILED Jan 22, 2016

Secretary of State

CC1445935090

Officer/Director Detail:

Title TD Title SD

Name FELKNER, JOSEPH G Name MATHIAS, DAVID E Address 6450 US HIGHWAY 1 Address 6450 US HIGHWAY 1 City-State-Zip: ROCKLEDGE FL 32955 City-State-Zip: ROCKLEDGE FL 32955

PD Title

Name RECTOR, DREW A Address 6450 US HIGHWAY 1 ROCKLEDGE FL 32901 City-State-Zip:

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**

Electronic Signature of Signing Officer/Director Detail

01/22/2016 Date