## 2015 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

C450 HC HICHWAY 4

## **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 Mar 06, 2015

**Secretary of State** 

CC8349417803

## Officer/Director Detail:

Title TD Title SD

NameFELKNER, JOSEPH GNameMATHIAS, DAVID EAddress6450 US HIGHWAY 1Address6450 US HIGHWAY 1City-State-Zip:ROCKLEDGE FL 32955City-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

Electronic Signature of Signing Officer/Director Detail

03/06/2015 Date