

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000009759

**Entity Name:** HICKORY WOODS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

409 COLLEGE AVE EAST  
RUSKIN, FL 33570

**Current Mailing Address:**

PO BOX 1058  
RUSKIN, FL 33575

**FEI Number: 56-2336536**

**Certificate of Status Desired: No**

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

KING, DEE ANNE  
409 COLLEGE AVE E  
RUSKIN, FL 33570 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

**Officer/Director Detail :**

Title            DIRECTOR  
Name            HARRIS, ADRIAN  
Address        4110 WALDEN VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

Title            V  
Name            ROUTMAN, NANCY  
Address        311 FOREST BREEZE AVENUE  
City-State-Zip: BRANDON FL 33511

Title            ST  
Name            PORTO, CURRAN  
Address        106 FOREST BREEZE AVE.  
City-State-Zip: BRANDON FL 33511

Title            D  
Name            WILKINSON, DOUG  
Address        4206 MISTY GROVE COURT  
City-State-Zip: BRANDON FL 33511

Title            P  
Name            SATTERFIELD, GARY  
Address        414 FOREST BREEZE AVENUE  
City-State-Zip: BRANDON FL 33511

*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: GARY SATTERFIELD**

**P**

**02/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date