

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703692

FILED
Jul 01, 2006
Secretary of State

Entity Name: HICKORY HILL RETREATS IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

9119 E. GULF TO LAKE HWY
INVERNESS, FL 34450

New Principal Place of Business:

Current Mailing Address:

9152 E SWIFT PL
INVERNESS, FL 34450

New Mailing Address:

FEI Number: 59-2492660 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, CAROLE
9152 E SWIFT FL
INVERNESS, FL 34450 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JONES, CAROLE
Address: 9152 E SWIFT PL
City-St-Zip: INVERNESS, FL 34450

Title: VP () Delete
Name: WISKOW, BEVERLY
Address: 1202 S ELMWOOD DR
City-St-Zip: INVERNESS, FL 34450

Title: T () Delete
Name: RASMUSSEN, BOBBIE
Address: 934 SOUTH NET POINT
City-St-Zip: INVERNESS, FL 34450

Title: VP () Delete
Name: JONES, CAROL
Address: 9152 E. SWIFT PLACE
City-St-Zip: INVERNESS, FL 34450

Title: MEMD () Delete
Name: MARCH, ED
Address: 9010 E SWIFT CT
City-St-Zip: INVERNESS, FL 34450

Title: MEMD () Delete
Name: LUDWIG, HERMAN
Address: 9101 E. TSALA APOPKA DRIVE
City-St-Zip: INVERNESS, FL 34450

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAROLE JONES

P

07/01/2006

Electronic Signature of Signing Officer or Director

Date