

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703692

FILED
Jan 22, 2012
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:

8927 E TSALA APOPKA DR
INVERNESS, FL 34450

New Mailing Address:

FEI Number: 59-2492660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAN, ROBERT
8927 E TSALA APOPKA DR
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
Name: MORAN, ROBERT
Address: 8927 E TSALA APOPKA DR
City-St-Zip: INVERNESS, FL 34450

Title: VP
Name: CARMICHAEL, DANA
Address: 9010 E SWIFT CT
City-St-Zip: INVERNESS, FL 34450

Title: T
Name: MCELWAIN, MARIE
Address: 8927 E TSALA APOPKA DR
City-St-Zip: INVERNESS, FL 34450

Title: SEC
Name: VANHORN, DONNA
Address: 9021 E TSALA APOPKA DR.
City-St-Zip: INVERNESS, FL 34450

Title: MEMD
Name: NORTH, JAY
Address: 1035 S MAPLENUT WAY
City-St-Zip: INVERNESS, FL 34450

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

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: ROBERT MORAN

P

01/22/2012

Electronic Signature of Signing Officer or Director

Date