

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90023 047 ****61.25

DOCUMENT # 713165

1. Entity Name
HICKORY HILL HOME OWNERS ASSOCIATION, INC.



Principal Place of Business
2550 WHITE OAK LANE
TITUSVILLE, FL 32780

Mailing Address
PO BOX 5444
TITUSVILLE, FL 32781

50004428



2. Principal Place of Business
4140 Grovewood Ln
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02182006 Chg-NP CR2E037 (11/05)

City & State
Titusville, FL

City & State

4. FEI Number
59-2861152

Applied For
Not Applicable

Zip
32780 Country
USA

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PATRICK, PATRICIA
2550 WHITE OAK LANE
TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent

Name **John B Forbes**
Street Address (P.O. Box Number is Not Acceptable)
4140 Grovewood Ln
City **Titusville** FL **32780**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **John B Forbes, President** **3-14-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD SZCZERBA, CHRIS 2560 WHITE OAK LN TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATRICK, PATRICIA 2550 WHITE OAK LN TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHINDLER, MARIAN 2649 CHERRYWOOD DR TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John B Forbes 4140 Grovewood Ln. Titusville, FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Marvin Tucker 2565 White Oak Ln. Titusville, FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Peggy Lafferty 4150 Hickory Lake Ct. Titusville, FL 32780	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **John B Forbes, President** **3-14-06** **321-723-7489**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #