

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713165

FILED
Apr 28, 2008
Secretary of State

Entity Name: HICKORY HILL HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4140 GROVEWOOD LANE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

PO BOX 5444
TITUSVILLE, FL 32781

New Mailing Address:

FEI Number: 59-2861152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORBES, JOHN B
4140 GROVELAND LANE
TITUSVILLE, FL 32780 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: PD () Delete
Name: FORBES, JOHN B
Address: 4140 GROVELAND LANE
City-St-Zip: TITUSVILLE, FL 32780

Title: SD () Delete
Name: TICKER, MARVIN
Address: 2565 WHITE OAK LANE
City-St-Zip: TITUSVILLE, FL 32780

Title: T () Delete
Name: LAFFERTY, PEGGY
Address: 4180 HICKORY LAKE CT
City-St-Zip: TITUSVILLE, FL 32780

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:

I hereby certify that the information supplied with this filing does not qualify 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: PEGGY LAFFERTY

T

04/28/2008

Electronic Signature of Signing Officer or Director

Date