

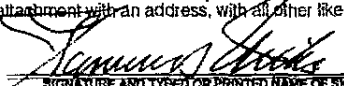


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2006 08:00 AM
Secretary of State**

DOCUMENT # 718198			
1. Entity Name HICKORY CREEK PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 4403 HICKORY BRANCH CT BRANDON, FL 33511 US		Mailing Address P O BOX 1187 P.O. BOX 1187 BRANDON, FL 33509 US	
DO NOT WRITE IN THIS SPACE			
		 01072006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 59-2892697	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			DO NOT WRITE IN THIS SPACE
ELAM, B. LEE 101 E. LUMSDEN ROAD BRANDON, FL 33511			
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 _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	TD		
NAME	WILKS, CLARENCE D.		
STREET ADDRESS	4403 HICKORY BRANCH COURT		
CITY-STATE-ZIP	BRANDON, FL 33511		
TITLE	PD		
NAME	CORYN, TOM		
STREET ADDRESS	103 HICKORY CREEK DRIVE		
CITY-STATE-ZIP	BRANDON, FL 33511		
TITLE	SD		
NAME	KAEMMER, GRAIG		
STREET ADDRESS	4408 HICKORY BRANCH COURT		
CITY-STATE-ZIP	BRANDON, FL 33511		
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
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: 		CLARENCE D. WILKS 1/7/06 (813) 684-1528	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>