

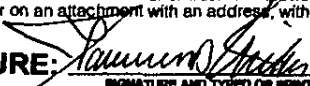


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 A
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			
		01042008 No Chg-NP CR2E037 (4/06)	
		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 ELAM, B. LEE 101 E. LUMSDEN ROAD BRANDON, FL 33511		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000775335 01/08/08-80026-003 61.25
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILKS, CLARENCE D. 4403 HICKORY BRANCH COURT BRANDON, FL 33511		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORYN, TOM 103 HICKORY CREEK DRIVE BRANDON, FL 33511		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KAEMMER, CRAIG 4408 HICKORY BRANCH COURT BRANDON, FL 33511		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-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 Treasurer/Director 1/4/07 (813) 684-1528		Date _____ Daytime Phone # _____	