

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90304 029 \*\*\*\*70.00

DOCUMENT # N00000004990

1. Entity Name

Hickory Ridge Addition Property Owners'  
Association, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

PO Box 1093

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1093

Suite, Apt. #, etc.

City & State

Highland City, FL

Zip 33846

Country

POIK

City & State

Highland City, FL

Zip 33846

Country

POIK

4. FEI Number

59-3662783

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Jr. E. Snow Martin

Street Address (P.O. Box Number is Not Acceptable)

200 Lake Morton Drive

City

Lakeland

FL

Zip Code

33801

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

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  
President  
Robert Knight  
2870 Blush Drive  
Lakeland, FL 33813

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary/Treasurer  
Paul Wallace  
2846 Blush Drive  
Lakeland, FL 33813

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Betty Reese  
2915 Hickory Ridge Drive  
Lakeland, FL 33813

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)