

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

DOCUMENT # N00000004990

1. Entity Name  
HICKORY RIDGE ADDITION PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business  
2870 BLUSH DRIVE  
LAKELAND, FL 33813

Mailing Address  
P.O. BOX 1093  
HIGHLAND CITY, FL 33846

2. Principal Place of Business - No P.O. Box #  
121 Raintree Ct  
Suite, Apt. #, etc.

3. Mailing Address  
PO BOX 95  
Suite, Apt. #, etc.

City & State  
Auburndale FL  
Zip 33823

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Auburndale FL  
Zip 33823

02032008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-3662783  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, E. SNOW JR.  
200 LAKE MORTON DRIVE  
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

Name DAVID BURMAN  
Street Address (P.O. Box Number is Not Acceptable)  
121 Raintree Ct  
City Auburndale FL Zip Code 33823

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

2-5-08

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP  
NAME KNIGHT, ROBERT  
STREET ADDRESS 2870 BLUSH DRIVE  
CITY-ST-ZIP LAKELAND, FL 33813

Delete  
TITLE PD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Tim Parker  
2946 Hickory Ridge Dr  
Lakeland FL 33813  
 Change  Addition

TITLE PRES  
NAME WALLACE, PAUL  
STREET ADDRESS 2846 BLUSH DRIVE  
CITY-ST-ZIP LAKELAND, FL 33813

Delete  
TITLE PD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Paul Wallace  
2846 Blush Dr  
Lakeland FL 33813  
 Change  Addition

TITLE SEC  
NAME ALDRICH, DAN  
STREET ADDRESS 2963 HICKORY RIDGE DRIVE  
CITY-ST-ZIP LAKELAND, FL 33813

Delete  
TITLE STD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Ryan Graymko  
2845 Blush Dr  
Lakeland FL 33813  
 Change  Addition

TITLE TRES  
NAME HURLBURT, LAURIE  
STREET ADDRESS 2851 BLUSH DRIVE  
CITY-ST-ZIP LAKELAND, FL 33813

Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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: *Paul Wallace* Paul Wallace 2-21-08 863-816-3704  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #