## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000005951

**FILED** Mar 23, 2007 Secretary of State

Entity Name: HICKORY COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

882 JACKSON AVENUE

WINTER PARK, FL 32789 US

**Current Mailing Address: New Mailing Address:** 

882 JACKSON AVENUE

WINTER PARK, FL 32789 US

FEI Number: 80-0037553 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPECIALTY MANAGEMENT

DAVIS, MARC 882 JACKSON AVENUE 882 JACKSON AVENUE

WINTER PARK, FL 32789 US US WINTER PARK, FL 32789

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: MARC DAVIS 03/23/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete MEIER, OLGARD ALEXANDROU, RENOS Name: Name:

11044 PINEWOOD COVE LANE Address: 2433 HICKORY OAK BLVD. Address: City-St-Zip: ORLANDO, FL 32817 US City-St-Zip: ORLANDO, FL 32817 US

Title: Title: (X) Change ( ) Addition ( ) Delete

MEYER, JOHN Name: MEYER, JOHN Name:

Address: 2512 HICKORY OAK BLVD Address: 2512 HICKORY OAK BLVD City-St-Zip: ORLANDO, FL 32817 US City-St-Zip: ORLANDO, FL 32817 US

Title: STD () Delete Title: (X) Change ( ) Addition

ALEXANDROU, IVELISSE GONZALES, INES Name: Name: 2433 HICKORY OAKS BLVD. 2531 HICKORY OAK BLVD. Address: Address:

City-St-Zip: ORLANDO, FL 32817 City-St-Zip: ORLANDO, FL 32817

Title: PD () Delete Title: (X) Change ( ) Addition Name:

WILSON, JESSICA Name: ARRIOLA, CARL 11050 PINEWOOD COVE LANE 11056 PINEWOOD COVE ANE Address: Address: City-St-Zip: ORLANDO, FL 32817 US City-St-Zip: ORLANDO, FL 32817 US

Title: () Delete Title: ( ) Change (X) Addition

URQUIOLA, NAYADE Name: Name:

10936 PINEWOOD COVE LANE Address: Address:

City-St-Zip: City-St-Zip: ORLANDO, FL 32817

Title: () Delete Title: ( ) Change (X) Addition

PFRF7 RAY Name: Name:

Address: Address: 2309 NORTHERN LEAF STREET

ORLANDO, FL 32817 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RENOS ALEXANDROU Ρ 03/23/2007