

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004903

FILED  
Jan 31, 2009  
Secretary of State

**Entity Name:** HICKORY GLEN NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

1002 CORBIN COURT  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 622571  
OVIEDO, FL 32762

**New Mailing Address:**

**FEI Number:** 01-0734200

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KEE, JAMES M  
1002 CORBIN COURT  
OVIEDO, FL 32765 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PINEIRO, RAY PRES  
Address: 1001 CORBIN CT.  
City-St-Zip: OVIEDO, FL 32765

Title: VD ( ) Delete  
Name: ANDREWS, DAN V. PRES  
Address: 1010 CORBIN CT.  
City-St-Zip: OVIEDO, FL 32765

Title: SD ( ) Delete  
Name: COLON, ANTONIO SEC.  
Address: 1022 CORBIN COURT  
City-St-Zip: OVIEDO, FL 32765

Title: TREA ( ) Delete  
Name: KEE, JAMES M TREASUR  
Address: 1002 CORBIN COURT  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FIENCO, CECILIA PRES  
Address: 1024 CORBIN CT.  
City-St-Zip: OVIEDO, FL 32765

Title: VD (X) Change ( ) Addition  
Name: PINEIRO, RAY V. PRES  
Address: 1001 CORBIN CT.  
City-St-Zip: OVIEDO, FL 32765

Title: SD (X) Change ( ) Addition  
Name: KEE, ALISON SEC.  
Address: 1002 CORBIN COURT  
City-St-Zip: OVIEDO, FL 32765

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ALISON KEE

SD

01/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date