

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90055 007 \*\*\*\*61.25

**DOCUMENT # N02000009759**

1. Entity Name  
**HICKORY WOODS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**409 COLLEGE AVE EAST  
RUSKIN, FL 33570**

Mailing Address  
**PO BOX 1058  
RUSKIN, FL 33575**

**40041420**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**56-2336536**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KING, DEE ANNE  
409 COLLEGE AVE E  
RUSKIN, FL 33570**

Name

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

City

**FL**

Zip Code

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

**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 PD  
NAME PORTO, CURRAN ☒ Delete  
STREET ADDRESS 106 FOREST BREEZE AVE  
CITY-ST-ZIP BRANDON, FL 33511

TITLE ☐ Change ☐ Addition  
NAME **Routman, Joel**  
STREET ADDRESS **311 Forest Breeze Ave.**  
CITY-ST-ZIP **Brandon, FL 33511**

TITLE VPD  
NAME HARRIS, ADRIAN ☒ Delete  
STREET ADDRESS 4110 WALDEN VIEW DRIVE  
CITY-ST-ZIP BRANDON, FL 33511

TITLE ☐ Change ☐ Addition  
NAME **Caballer, Michelle**  
STREET ADDRESS **4202 Misty Grove Ct**  
CITY-ST-ZIP **Brandon, FL 33511**

TITLE TD  
NAME MENENDEZ, JACK ☒ Delete  
STREET ADDRESS 4208 WALDEN VIEW DR  
CITY-ST-ZIP BRANDON, FL 33511

TITLE ☐ Change ☐ Addition  
NAME **Pytlarz, Alexander**  
STREET ADDRESS **4303 Deer Knoll Ct**  
CITY-ST-ZIP **Brandon, FL 33511**

TITLE SD  
NAME SHALOSKY, KATHY ☒ Delete  
STREET ADDRESS 4206 WALDEN VIEW DR  
CITY-ST-ZIP BRANDON, FL 33511

TITLE ☐ Change ☐ Addition  
NAME **Runnels, Teena**  
STREET ADDRESS **4205 Misty Grove Ct**  
CITY-ST-ZIP **Brandon, FL 33511**

TITLE D  
NAME KERKER, TIM ☒ Delete  
STREET ADDRESS 4103 WALDEN VIEW DR  
CITY-ST-ZIP BRANDON, FL 33511

TITLE ☐ Change ☐ Addition  
NAME **Bailey, Doug**  
STREET ADDRESS **4212 Winding Vine Drive**  
CITY-ST-ZIP **Brandon, FL 33511**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*John C. Rott*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/4/08**

Date

**8136451329**

Daytime Phone #