

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

07 APR 27 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000002985

1. Entity Name
HICKORY WOODS HOMEOWNERS ASSOCIATION OF
TALLAHASSEE, INC.



Principal Place of Business
2811-E INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301

Mailing Address
2811-E INDUSTRIAL PLAZA DRIVE
TALLAHASSEE, FL 32301

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032007

Chg-NP

CR2E037 (12/06)

4. FEI Number

APPLIED FOR 20-8043119

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANAUSA, DANIEL E
3520 THOMASVILLE ROAD
FOURTH FLOOR
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

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, 2007

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 D ☐ Delete
NAME GHAVINI, HOSSEIN
STREET ADDRESS 2811-E INDUSTRIAL PLAZA DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D ☐ Delete
NAME GHAVINI, BEHZAD
STREET ADDRESS 2811-E INDUSTRIAL PLAZA DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D ☒ Delete
NAME GHAVINI, MEHRDAD
STREET ADDRESS 2811-E INDUSTRIAL PLAZA DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D ☐ Delete
NAME GHAVINI, MEHRAN
STREET ADDRESS 2811-E INDUSTRIAL PLAZA DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-07

205-5231