2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# N05000011518

Entity Name: HICKORY BAY BOAT CLUB ASSOCIATION, INC.

Current Principal Place of Business:

4751 BONITA BEACH ROAD
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

4751 BONITA BEACH ROAD
BONITA SPRINGS, FL 34134 US

New Mailing Address:

FEI Number: 16-1742869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRACCI, STEVEN J
4751 BONITA BEACH ROAD
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

SCHIAFONE, TED
4751 BONITA BEACH ROAD
BONITA SPRINGS, FL 34134 US

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: TED SCHIAFONE 01/11/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BRACCI, STEVEN J
Address: 4751 BONITA BEACH ROAD
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: VD ( ) Delete
Name: MARKOWITZ, EDWARD
Address: 4751 BONITA BEACH ROAD
City-St-Zip: BONITA SPRINGS, FL 34134 US

Title: SD (X) Delete
Name: SCHIAFONE, SALVATORE
Address: 4751 BONITA BEACH ROAD
City-St-Zip: BONITA SPRINGS, FL 34134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCHIAFONE, TED
Address: 4751 BONITA BEACH ROAD
City-St-Zip: BONITA SPRINGS, FL 34134 US

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

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: TED SCHIAFONE PD 01/11/2008
Electronic Signature of Signing Officer or Director Date