2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 22, 2004 8:00 am DOCUMENT # N10573 **Secretary of State** 1. Entity Name 03-22-2004 90297 032 ****61.25 HICKORY WOOD SHORES CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address 7664 PONTE VEDRE WAY 7664 PONTE VEDRE WAY NAPLES FL 34109 NAPLES FL 33942 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-2764108 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOODRUFF, RICHARD J Street Address (P.O. Box Number is Not Acceptable) 7664 PONTE VERDE WAY 34109 NAPLES FL 34109 City Zio 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. П Due By May 1, 2004 Added to Fees (=) Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE Change Addition WOODRUFF, RICHARD J NAME NAME 7664 PONTE VERDE WAY STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition WOODRUFF, JANICE NAME RT. #2 STREET ADDRESS STREET ADDRESS WATERTOWN NY CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change WOODRUFF, GEORGE NAME NAME 333 INDIAN PT RD STREET ADDRESS STREET ADDRESS REDWOOD NY 13579 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WOODRUFF, KAY NAME NAME 333 INDIAN PT RD STREET ADDRESS STREET ADDRESS REDWOOD NY 13579 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

DIRECTOR

FILED