2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N10573

1. Entity Name

HICKORY WOOD SHORES CONDOMINIUM ASSOCIATION



FILED Jan 28, 2008 08:00 AN Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP REDWOOD NY 13579 THLE NAME STREET ADDRESS CITY-ST-ZIP	INC.	WOOD SHONES CONDON	MINION ASSOCIATION			
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S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent WOODRUFF, RICHARD J 7664 PONTE VERDE WAY 34109 City FL	City & State		City & State		E0 2764100	
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7664 PONTE VERDE WAY 34109 NAPLES FL 34109 City FL Zir Code City				Name		
B. The above named withly submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE STATE	7664 PONTE VERDE WAY			Street Address	(P.O. Box Number is Not Acceptable)	
B. The above named willy submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligation of the obligation of the state of Florida. I am lamillar with, and accept the obligation of the state of Florida. I am lamillar with, and accept the obligation of the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florida. I am lamillar with, and accept the state of Florid				City	■ Zrs Code	
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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: