


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2008 FEB -5 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11641 1. Entity Name HICKORY TRAILS-SECTION TWO HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 5353 TITUSVILLE, FL 32783-5353 US			Mailing Address P O BOX 5353 TITUSVILLE, F 32783-5353 US		
2. Principal Place of Business - No P.O. Box # 4305 SUGAR MAPLE CT.		3. Mailing Address Suite, Apt. #, etc.			
City & State TITUSVILLE, FL		City & State Suite, Apt. #, etc.			
Zip 32780-5992		Country BREVARD		4. FEI Number 59-2732307	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BALZER, JOHN 4305 SUGAR MAPLE CT TITUSVILLE, FL 32780			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>John Balzer</u> <u>1/7/08</u> <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCAIN, FLINT 4355 WESTLAKE DR TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOUTHWELL, GEORGE 4245 SUGAR MAPLE COURT TITUSVILLE, FL 32780	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALZER, JOHN 4305 SUGAR MAPLE CT TITUSVILLE, FL 32780	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARRISON, CHARLES&CATHY 2975 JACARANDA TR TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARRISON, CHARLES&CATHY 2975 JACARANDA TR TITUSVILLE, FL 32780	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARRISON, CHARLES&CATHY 2975 JACARANDA TR TITUSVILLE, FL 32780	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR. BALZER, KATHAYN M. 4305 SUGAR MAPLE CT. TITUSVILLE, FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRENDA MC MILLAN 4415 WESTLAKE DR. TITUSVILLE, FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP T.V. MARLER 2925 JACARANDA TR. TITUSVILLE, FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBY ALLGIRE 4395 SUGAR MAPLE CT. TITUSVILLE, FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
400114734084 01/11/08--01004--011 **297.50					
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: <u>John Balzer</u> <u>1/7/08</u> <u>321-267-7344</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

2/6/08