2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N11641

Entity Name: HICKORY TRAILS-SECTION TWO HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4305 SUGAR MAPLE CT.
TITUSVILLE, FL 327835353 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 5353
TITUSVILLE, F 327835353 US

New Mailing Address:

FEI Number: 59-2732307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BALZER, JOHN
4305 SUGAR MAPLE CT
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TR	( ) Delete
Name:	BALZER, KATHRYN M	
Address:	4305 SUGAR MAPLE CT.	
City-St-Zip:	TITUSVILLE, FL 327835353 US	
Title:	D	( ) Delete
Name:	SOUTHWELL, GEORGE	
Address:	4245 SUGAR MAPLE COURT	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	P	( ) Delete
Name:	BALZER, JOHN	
Address:	4305 SUGAR MAPLE CT	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	S	( ) Delete
Name:	MCMILLAN, BRENDA	
Address:	4415 WEST LAKE DR.	
City-St-Zip:	TITUSVILLE, FL 32780 US	
Title:	VP	( ) Delete
Name:	MARLER, RUBY	
Address:	2925 JACARANDA TR.	
City-St-Zip:	TITUSVILLE, FL 32780	
Title:	D	( ) Delete
Name:	ALLGIRE, RUBY	
Address:	4395 SUGAR MAPLE CT.	
City-St-Zip:	TITUSVILLE, FL 32780 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: /JOHN BALZER PRES 01/29/2009
Electronic Signature of Signing Officer or Director — Date