

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

03-05-2002 90098 012 ****61.25

DOCUMENT # N20339

1. Entity Name

HICKORY HILL AT HUCKLEBERRY-ONE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

453 MARK TWAIN BLVD.
 ORLANDO FL 32828

453 MARK TWAIN BLVD.
 ORLANDO FL 32828

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2908590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SHEELER, LAWRENCE M.
PENN FIRST MANAGEMENT INC.
453 MARK TWAIN BLVD.
ORLANDO FL 32828

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
 NAME POULIN, HELENE L
 STREET ADDRESS 100 E. SYBELLA AVENUE #130
 CITY-ST-ZIP MAITLAND FL 32751

TITLE VP ☐ Change ☒ Addition
 NAME Rita Mauk
 STREET ADDRESS 12863 Bowmanstream Circle
 CITY-ST-ZIP Orlando, FL 32828

TITLE DV ☒ Delete
 NAME MARTIN, RUSSELL L
 STREET ADDRESS 100 E. SYBELLA AVENUE #130
 CITY-ST-ZIP MAITLAND FL 32751

TITLE PD ☒ Change ☒ Addition
 NAME President
 STREET ADDRESS Russell L. Martin
 CITY-ST-ZIP 12741 Lower River Blvd
 ORLANDO, FL 32828-9003

TITLE SD ☒ Delete
 NAME HENRY, ANDREW J
 STREET ADDRESS 100 E. SYBELLA AVENUE #130
 CITY-ST-ZIP MAITLAND FL 32751

TITLE SD ☐ Change ☒ Addition
 NAME Jostic-Jose
 STREET ADDRESS 12708 Reflection CT
 CITY-ST-ZIP ORLANDO FL 32828

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

Russell L. Martin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-02

407-826-2239

Date

Daytime Phone #

Russell L. Martin

CR2E037 (9/01)