2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State
06-05-2006 90152 017 ****61.25

DOCUMENT # N20339

1. Entity Name
HICKORY HILL AT HUCKLEBERRY-ONE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1813 N. DEAN RD ORLANDO, FL 32817	1813 N. DEAN RD ORLANDO, FL 32817

2. Principal Place of Business	3. Mailing Address
1801 Cook Avenue Suite, Apt. #, etc.	1801 Cook Avenue Suite, Apt. #, etc.
City & State: Orlando Florida	City & State: Orlando Florida
Zip: 32806 Country: Orange	Zip: 32806 Country: Orange

05012006 Chg-NP CR2E037 (4/06)

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

DON ASHER & ASSOCIATES
52 EAST SOUTH STREET
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name: Steven D. Asher
Street Address (P.O. Box Number is Not Acceptable): 1801 Cook Avenue
City: Orlando FL Zip Code: 32806

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] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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	P KING, KEITH 12836 DOWNSTREAM CIRCLE ORLANDO, FL 32828	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Rick Atherton 12819 Downstream Circle Orlando, FL 32828	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARTIN, RUSSELL L 12741 LOWER RIVER BLVD ORLANDO, FL 328289003	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Mike Lowman 12737 Lower River Blvd Orlando, FL 32828	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] Russell L. Martin 7-14-06 407-826-2239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PRESIDENT