

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20339

FILED  
Jan 27, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1801 COOK AVENUE  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

+1801 COOK AVENUE  
ORLANDO, FL 32806

**New Mailing Address:**

1801 COOK AVENUE  
ORLANDO, FL 32806

**FEI Number:** 59-2908590

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASHER, STEVEN D  
1801 COOK AVENUE  
ORLANDO, FL 32806 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: SD ( ) Delete  
Name: ATHERTON, RICK  
Address: 12819 DOWNSTREAM CIRCLE  
City-St-Zip: ORLANDO, FL 32828

Title: D ( ) Delete  
Name: MARTIN, RUSSELL L  
Address: 12741 LOWER RIVER BLVD  
City-St-Zip: ORLANDO, FL 328289003

Title: DP ( ) Delete  
Name: LOWMAN, MIKE  
Address: 12737 LOWER RIVER BLVD  
City-St-Zip: ORLANDO, FL 32828

Title: VPD (X) Delete  
Name: CLARK, KATIE  
Address: 12729 DOWNSTREAM CIR  
City-St-Zip: ORLANDO, FL 32828

Title: TD (X) Delete  
Name: ANDERSON, SHERI  
Address: 12717 PEDDLE CT  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: LOWMAN, MIKE  
Address: 12737 LOWER RIVER BLVD  
City-St-Zip: ORLANDO, FL 32828

Title: SD (X) Change ( ) Addition  
Name: MARTIN, RUSSELL  
Address: 12741 LOWER RIVER BLVD  
City-St-Zip: ORLANDO, FL 32828

Title: VPTD (X) Change ( ) Addition  
Name: ANDERSON, SHERI  
Address: 12717 PADDLE CT  
City-St-Zip: ORLANDO, FL 32828

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: PATTI ACOCELLA

MGR

01/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date