

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90164 011 \*\*\*\*61.25

**DOCUMENT # N20339**

1. Entity Name

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



Principal Place of Business

**453 MARK TWAIN BLVD.  
ORLANDO FL 32828**

Mailing Address

**453 MARK TWAIN BLVD.  
ORLANDO FL 32828**

2. Principal Place of Business

3. Mailing Address

**PENN FIRST  
MANAGEMENT INC  
1813 N.DEAN RD  
ORLANDO FL 32817**

**PENN FIRST  
MANAGEMENT INC  
1813 N.DEAN RD  
ORLANDO FL 32817**



☒ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

**PENN FIRST  
MANAGEMENT INC  
1813 N.DEAN RD  
ORLANDO FL 32817**

Zip Code

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, 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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete  
NAME **MAUK, RITA**  
STREET ADDRESS **12863 DOWNSTREAM CIRCLE**  
CITY-ST-ZIP **ORLANDO FL 32828**

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

TITLE **PD** ☐ Delete  
NAME **MARTIN, RUSSELL L**  
STREET ADDRESS **12741 LOWER RIVER BLVD**  
CITY-ST-ZIP **ORLANDO FL 32828-9003**

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

TITLE **SD** ☒ Delete  
NAME **VOSE, JOSIE**  
STREET ADDRESS **12708 RAFTMAN COURT**  
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Michael Lomonico**  
STREET ADDRESS **885 Ferry Landing**  
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** 2-22-03 407-826-2239

CR2E037 (10/02)