

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90105 043 ****61.25

DOCUMENT # N26385

1. Entity Name
HICKORY SHORES HOMEOWNERS, INC.



Principal Place of Business
**4954 HICKORY SHORES BLVD
GULF BREEZE, FL 32563 US**

Mailing Address
**4954 HICKORY SHORES BLVD
GULF BREEZE, FL 32563 US**

60011882



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2880640

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SCHWEHM, PAUL J.
4352 HICKORY SHORES BLVD.
GULF BREEZE, FL 32563**

Name

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

City

FL

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 resigning)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE **P** ☐ Delete
NAME **BURGE, GRAY**
STREET ADDRESS **4340 HICKORY SHORES BLVD**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **V** ☒ Delete
NAME **SCROGGIN, MAX**
STREET ADDRESS **4376 HICKORY SHORES BLVD**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **S** ☐ Delete
NAME **HENDERSHOTT, JACQUELYNN**
STREET ADDRESS **4954 HICKORY SHORES BLVD.**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **D** ☐ Delete
NAME **SCHWEHM, ALICE**
STREET ADDRESS **4352 HICKORY SHORES BLVD**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **T** ☐ Delete
NAME **GERLITS, WANDA**
STREET ADDRESS **4736 HICKORY SHORES BLVD**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **D** ☐ Delete
NAME **BENNETT, PAUL**
STREET ADDRESS **4648 HICKORY SHORES BLVD**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☐ Change ☒ Addition
NAME **CULBERSON, JACK**
STREET ADDRESS **4908 HICKORY SHORES BLVD**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **D** ☒ Change ☐ Addition
NAME **SCROGGIN, MAX**
STREET ADDRESS **4376 HICKORY SHORES BLVD**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE **D** ☐ Change ☒ Addition
NAME **ELMENAYER, BETH**
STREET ADDRESS **4739 HICKORY SHORES BLVD.**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

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

TITLE ☐ Change ☐ Addition
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 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: Jacquelyn Hendershott, JACQUELYNN HENDERSHOTT

2-01-07

850-934-5372

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #