

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90057 038 ****61.25

DOCUMENT # N26385

1. Entity Name
HICKORY SHORES HOMEOWNERS, INC.



40001001



01032008 Chg-NP CR2E037 (12/06)

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

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

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2880640	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	P BURGE, GRAY 4340 HICKORY SHORES BLVD GULF BREEZE, FL 32563 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CULBERSON, JACK 4908 HICKORY SHORES BLVD GULF BREEZE, FL 32563 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDERSHOTT, JACQUELYNN 4954 HICKORY SHORES BLVD. GULF BREEZE, FL 32563 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWEHM, ALICE 4352 HICKORY SHORES BLVD GULF BREEZE, FL 32563 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GERLITS, WANDA 4736 HICKORY SHORES BLVD GULF BREEZE, FL 32563 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, PAUL 4648 HICKORY SHORES BLVD GULF BREEZE, FL 32563 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELMENAYER, ELIZABETH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4739 HICKORY SHORES BLVD. GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSHOTT, JACQUELYNN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4954 HICKORY SHORES BLVD GULF BREEZE, FL 32563-9209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEEKS, JUNE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4842 HICKORY SHORES BLVD GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Elizabeth Elmay 01-03-08 850-916-9929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #