

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90036 043 \*\*\*\*61.25

**DOCUMENT # N35398**

1. Entity Name

HOME OWNERS OF HICKORY HILLS MANOR, INC.



Principal Place of Business

1601 W. JOSEPHINE  
HICKORY HILLS MOBIL PARK  
LAKELAND FL 33815  
US

Mailing Address

PO BOX 245  
LAKELAND FL 33802  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (5/05)

4. FEI Number

59-2983914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WETMORE, JAMES  
1528 ESTATE DR.  
LAKELAND FL 33815

7. Name and Address of New Registered Agent

Name **ALAN GILBERT**  
Street Address (P.O. Box Number is Not Acceptable)  
**915 CORRAL DR**  
City **LAKELAND** FL **33815**

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 of Alan Gilbert]*

**7-29-05**

**FILE NOW: FEE IS \$61.25**  
**Due By September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. VP OFFICERS AND DIRECTORS

TITLE **VP** ☒ Delete  
NAME **WETMORE, JAMES**  
STREET ADDRESS **1528 ESTATE DR.**  
CITY-ST-ZIP **LAKELAND FL 33815**  
**P**

TITLE ☐ Delete  
NAME **BATES, PHILLIP**  
STREET ADDRESS **1511 PALAMINO WAY**  
CITY-ST-ZIP **LAKELAND FL 33815**  
**S**

TITLE ☐ Delete  
NAME **MCMANUS, BETTIE**  
STREET ADDRESS **1430 ESTATE DR**  
CITY-ST-ZIP **LAKELAND FL 33815**  
**D**

TITLE ☒ Delete  
NAME **RYAN, NANCY**  
STREET ADDRESS **1520 SPRUCE DR**  
CITY-ST-ZIP **LAKELAND FL 33815**  
**T**

TITLE ☒ Delete  
NAME **DELL, LYNDA**  
STREET ADDRESS **1532 SPRUCE DR.**  
CITY-ST-ZIP **LAKELAND FL 33815**  
**D**

TITLE ☐ Delete  
NAME **GRAY, BERNIE**  
STREET ADDRESS **1515 PALAMINO WAY**  
CITY-ST-ZIP **LAKELAND FL 33815**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Change ☐ Addition  
NAME **ALAN GILBERT**  
STREET ADDRESS **915 CORRAL DRIVE**  
CITY-ST-ZIP **LAKELAND FL 33815**

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

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

TITLE ☒ Change ☐ Addition  
NAME **DON SKINNER**  
STREET ADDRESS **1504 REMUDA DRIVE**  
CITY-ST-ZIP **LAKELAND FL 33815**

TITLE ☒ Change ☐ Addition  
NAME **LUCILLE WETMORE**  
STREET ADDRESS **1528 ESTATE DRIVE**  
CITY-ST-ZIP **LAKELAND FL 33815**

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:

*[Signature of Lucille Wetmore]* **LUCILLE WETMORE** **7/29/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #