

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90011 028 ****61.25

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| 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 1516 ESTATE DR LAKELAND, FL 33815 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 1516 ESTATE DR | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State LAKELAND, FL | | | |
| Zip | Country | Zip 33815 | Country | | |
| 4. FEI Number 59-2983914 | | | | 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 VICK, WAYNE 1515 PADDOCK LN LAKELAND, FL 33815 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 <u><i>Wayne Vick</i></u> DATE <u>2/23/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY-ST-ZIP | VP VICK, WAYNE 1515 PADDOCK LN LAKELAND, FL 33815 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BATES, PHILLIP 1511 PALAMINO WAY LAKELAND, FL 33815 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MERCURIO, DOMINIC 821 HICKORY HILL DR LAKELAND, FL 33815 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BOLDUC, FRED 1520 SADDLE TRL LAKELAND, FL 33815 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WETMORE, LUCILLE 1528 ESTATE DRIVE LAKELAND, FL 33815 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VEINS, DAVID 1631 PALAMINO WAY LAKELAND, FL 33815 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT ARNIE JOHNSON 723 ASPEN DR LAKELAND, FL 33815 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY MARION BAUER 819 CORRAL DR LAKELAND, FL 33815 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR BARBARA BADER 1508 COLT LANE LAKELAND, FL 33815 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER DANIEL BATES 1512 ESTATE DR LAKELAND, FL 33815 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D. MARVIN SILVERSTEIN 1406 COLT LANE LAKELAND, FL 33815 | <input checked="" 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: <u><i>Wayne Vick</i></u> <u>2/23/07</u> 863-680-1097 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |