2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N35398 1. Entity Name HOME OWNERS OF HICKORY HILLS MANOR, INC.						02-28-2007 90011 028 ****61.25				
Principal Place of Business 1601 W. JOSEPHINE HICKORY HILLS MOBIL PARK LAKELAND, FL 33815 US			Mailing Address PO BOX 245 LAKELAND EL 33802 US 1514 ESTATE DR LAKELAND FL 33815.				15 01 31110 1 1150 1 5 10 1 0 11	1871 - 1881 - 1881 - 1886 - 1		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 1516 ESTATE DR							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01082007	Chg-NP	CR2E037 (12	(06)	
City & State		LAKELAND, FL		4. FEI Number 59-2983	914		Applied For Not Applicable			
Zip Country		Zip Country 33815		itry	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				
VICK, WAYNE					Name					
1515 PADDOCK LN LAKELAND, FL 33815					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL Zi	Code	
8. The above the obligat	tions of regis	ty submits this statement for tered agent.	or the purpose of changing its		d office or regist		in the State of Flo	1	with, and accept	
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	_	•	9. Election Cam Trust Fund C			\$5.00 May Be Added to Fees		ake check pays Ida Department		
10.	_	•	Trust Fund Co				Flori	ldz Department	of State	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VICK, WA 1515 PAL	OFFICERS AND DI	Trust Fund C	11. ITILE NAME	T ADDRESS	Added to Fees	Flori	ldz Department	of State	
TITLE NAME STREET ADDRESS	VP VICK, WA 1515 PAE LAKELAN P BATES, F 1511 PAL	OFFICERS AND DI AYNE DDOCK LN ID, FL 33815	Trust Fund Co	11. TITLE NAME STREE CITY-S TITLE NAME STREE	T ADDRESS ST-ZIP	Added to Fees ADDITIONS/CHAP	Flori	Ida Department	of State RS IN 10 ange Addition	
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22. Thereby certify that the information supplied with this fixing does not qualify for the exemptions contained in Chapter 119, Horida 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 eath; 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 chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617.

SIGNATURE:

SOMATURE AND TYPIO OR PRINTED HAME OF BIGNING OFFICER OR DIRECTOR

2/23/07 863-680-1097