## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35398

FILED Feb 05, 2009 Secretary of State

Entity Name: HOME OWNERS OF HICKORY HILLS MANOR, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1601 W. JOSEPHINE HICKORY HILLS MOBIL PARK LAKELAND, FL 33815 **New Mailing Address: Current Mailing Address:** 1516 ESTATE DR LAKELAND, FL 33815 US FEI Number: 59-2983914 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, ARNIE 1522 PALAMINO WAY LAKELAND, FL 33801 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BOLDUC, FREDA Name: Name: 1520 SADDLE TR Address: Address: City-St-Zip: LAKELAND, FL 33801 City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition Name: JOHNSON, ARNIE Name: BATES, PHIL Address: 723 ASPEN DR Address: 1511 PALAMINO WAY City-St-Zip: LAKELAND, FL 33815 City-St-Zip: LAKELAND, FL 33815 Title: () Delete Title: () Change () Addition MINTER, MARIE Name: Name: Address: 1515 ELDORADO DR Address: City-St-Zip: LAKELAND, FL 33801 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: BADER, BARBARA Name: Address: 1508 COLT LANE Address: City-St-Zip: LAKELAND, FL 33815 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BATES, DANIEL SACCO, PAUL Name: Name: 1512 ESTATE DR 1430 ELDORADO DR Address: Address: City-St-Zip: LAKELAND, FL 33815 City-St-Zip: LAKELAND, FL 33815 Title: () Delete Title: (X) Change ( ) Addition CUNNINGHAM, NANCY SILVERSTEIN, MARVIN Name: Name: Address: 1406 COLT LANE Address: 1532 SPRUCE DR LAKELAND, FL 33815 LAKELAND, FL 33815 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHIL BATES P 02/05/2009