



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90311 035 ****61.25

DOCUMENT # N41849 1. Entity Name HICKORY BAY WEST CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O R&P PROPERTY MANAGEMENT 265 S AIRPORT ROAD NAPLES, FL 34104		Mailing Address C/O R&P PROPERTY MANAGEMENT 265 S AIRPORT ROAD NAPLES, FL 34104	
P & M Property Management 15660 San Carlos Blvd. # 40 Ft. Myers FL 33908		3. Mailing Address P & M Property Management 15660 San Carlos Blvd. # 40 Ft. Myers FL 33908	
			
		01182006 Chg-NP CR2E037 (11/05)	
		4. FEI Number 65-0246564	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee Is \$61.25 Due by May 1, 2006		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	PD STRAFFORD, DON <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	STRAFFORD, DON	NAME	
STREET ADDRESS	4895 BONITA BCH RD #606	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	D'ADDONA, JOHN	NAME	
STREET ADDRESS	4895 BONITA BEACH ROAD #202	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	GREENDYLE, PETE	NAME	
STREET ADDRESS	18043 ESTHER DRIVE	STREET ADDRESS	
CITY-ST-ZIP	ORLAND PARK, IL 60462	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	LASIEWICZ, TED	NAME	
STREET ADDRESS	4895 BONITA BCH RD., #401	STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	NICHOLS, CORA	NAME	<i>D Roger Plante</i>
STREET ADDRESS	4895 BONITA BEACH RD 501	STREET ADDRESS	<i>4895 Bonita Beach Rd #301</i>
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP	<i>BONITA SPRINGS, FL 34134</i>
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>[Signature]</i> <i>500</i>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			