
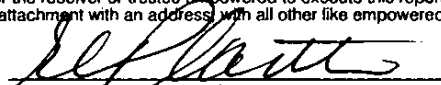


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90064 036 ****61.25

| | | | | | |
|---|------------------------------------|--|--|--|--|
| DOCUMENT # N41849 1. Entity Name HICKORY BAY WEST CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business P&M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908 | | | Mailing Address P&M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0246564 | |
| Zip | | Country | | 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 | |
| R & P MANAGEMENT 265 AIRPORT RD SOUTH NAPLES, FL 34104 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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 | PD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GREENDYLE, PETE | | NAME | | |
| STREET ADDRESS | 18043 ESTHER DRIVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORLAND PARK, IL 60462 | | CITY-ST-ZIP | | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | LASIEWICZ, TED | | NAME | VP JAMES BEATTY | |
| STREET ADDRESS | 4895 BONITA BCH RD., #401 | | STREET ADDRESS | 4895 Bonita Beach Rd #302 | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34134 | | CITY-ST-ZIP | Bonita Springs - FL 34134 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PLANTE, ROGER | | NAME | | |
| STREET ADDRESS | 4895 BONITA BEACH RD #301 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34134 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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:  | | | Date: 3/29/07 Daytime Phone #: 401-769-7444 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |