2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002171

FILED Mar 25, 2009 Secretary of State

Entity Name: HICKORY LAKE ESTATES MOBILE HOMEOWNERS ASSOCIATION, INC.

	rincipal Place of Business:	New Principal Place of Business:
	CENIC WAY ROOF, FL 33843	<unused> FROSTPROOF, FL 33843</unused>
Current N	lailing Address:	New Mailing Address:
LOT 38	CENIC HWY ROOF, FL 33843 US	1640 S SCENIC HWY LOT 24 FROSTPROOF, FL 33843 US
FEI Number	: 59-3381923 FEI Number Applied F	For () FEI Number Not Applicable () Certificate of Status Desired ()
Name and	I Address of Current Registered A	Agent: Name and Address of New Registered Agent:
225 N SCÉ FROSTPF	ROBERT ENIC HWY ROOF, FL 33843 US	
	e named entity submits this statemen e of Florida.	t for the purpose of changing its registered office or registered agent, or both,
SIGNATUI		
	Electronic Signature of Regis	tered Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address:	DP () Delete FREELAND, FRANK 16405 SCENIC HWY, LOT 24	Title: () Change () Addition Name:
City-St-Zip:	FROSTPROOF, FL 33843	Address: City-St-Zip:
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City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	FROSTPROOF, FL 33843 DT () Delete SCOTT, GARY 1640 S SCENIC HWY, LOT 13	City-St-Zip: Title: () Change () Addition Name: Address:
City-St-Zip: Title: Name: Address:	FROSTPROOF, FL 33843 DT () Delete SCOTT, GARY 1640 S SCENIC HWY, LOT 13 FROSTPROOF, FL 33843 DVP () Delete BUSHONG, WENDELL 1640 S SCENIC HWY, LOT 51	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address:	FROSTPROOF, FL 33843 DT () Delete SCOTT, GARY 1640 S SCENIC HWY, LOT 13 FROSTPROOF, FL 33843 DVP () Delete BUSHONG, WENDELL 1640 S SCENIC HWY, LOT 51 FROSTPROOF, FL 33843 D () Delete KLINE, DICK 1640 S SCENIC HWY, LOT 66	City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: 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: WENDELL BUSHONG DVP 03/25/2009