


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000002416 1. Entity Name HICKORY RUN PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 13780 HICKORY RUN LANE FORT MYERS, FL 33912	Mailing Address 13780 HICKORY RUN LANE FORT MYERS, FL 33912
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03222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0765511	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VICKERS, JAMES 13780 HICKORY RUN LANE FORT MYERS, FL 33912

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VICKERS, JAMES 13780 HICKORY RUN LANE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MECHEM, ROBERT 13640 HICKORY RUN LANE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD VICKERS, TERI 13780 HICKORY RUN LANE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PIZZUTO, LUCILLE 13800 HICKORY RUN LANE FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000275274
03/24/05-80047-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Tori Vickers 03-22-05 239-694-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #