2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002416

FILED Apr 28, 2009 Secretary of State

Entity Name: HICKORY RUN PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 13780 HICKORY RUN LANE FORT MYERS, FL 33912 **Current Mailing Address: New Mailing Address:** 13780 HICKORY RUN LANE FORT MYERS, FL 33912 FEI Number: 65-0765511 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: VICKERS, TERI 13780 HIĆKORY RUN LANE FORT MYERS, FL 33912 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: VPD () Delete (X) Change () Addition VETTER, LARRY MAUTE, KIRK Name: Name: 13641 HICKORY RUN LANE Address: 13641 HICKORY RUN LANE Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33912 Title: () Delete Title: () Change () Addition MECHEM, BOB Name: Name: Address: 13640 HICKORY RUN LANE Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: () Delete Title: () Change () Addition VICKERS, TERI Name: Name: 13780 HICKORY RUN LANE Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: PIZZUTO, LUCILLE Name: Address: 13800 HICKORY RUN LANE Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: PD () Delete Title: (X) Change () Addition GRAVATTE, TONY GRAVATTE, TONY Name: Name: 13720 HICKORY RUN LN 13720 HICKORY RUN LN Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33912 Title: () Delete Title: () Change (X) Addition GRUNING, ALAN Name: Name: Address: Address: 13711 HICKORY RUN LN FORT MYERS, FL 33912 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: TERI VICKERS TD 04/28/2009