
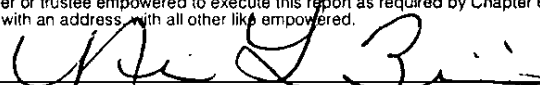


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90051 020 \*\*\*\*61.25

<b>DOCUMENT # N97000006647</b> 1. Entity Name <b>HICKORY LAKE ESTATES OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1463 OAKFIELD STE 141 BRANDON, FL 33511</b>			Mailing Address <b>MCNEIL MANAGEMENT SVC INC PO BOX 6235 BRANDON, FL 33508</b>		
2. Principal Place of Business - No P.O. Box # <b>1463 Oakfield Dr.</b>		3. Mailing Address Suite, Apt. #, etc. <b>Ste 142</b>			
City & State <b>Brandon, FL</b>		City & State <b>Brandon, FL</b>		4. FEI Number <b>65-0803232</b>	
Zip <b>33511</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TANKEL, ROBERT PA 1022 MAIN STREET SUITE D DUNEDIN, FL 34698</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GLENN, LIZ 120 KIANA DR BRANDON, FL 33511</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JORDAN, LEONARD 2217 KATANA PLACE BRANDON, FL 33511</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROBINSON, SIMON 1214 KIANA DR BRANDON, FL 33511</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD WILLIAMS, NICOLE L 2511 BELLWOOD DRIVE BRANDON, FL 33511</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KIMMEL, T K 1604 LORIANA ST BRANDON, FL 33511</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <b>2/24/07 (813) 685-8080</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					