

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006647

FILED
Mar 09, 2009
Secretary of State

Entity Name: HICKORY LAKE ESTATES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1463 OAKFIELD DR
STE 142
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

MCNEIL MANAGEMENT SVC INC
PO BOX 6235
BRANDON, FL 33508

New Mailing Address:

FEI Number: 65-0803232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TANKEL, ROBERT PA
1022 MAIN STREET SUITE D
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: GLENN, LIZ
Address: 120 KIANA DR
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: JORDAN, LEONARD
Address: 2217 KATANA PLACE
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: ROBINSON, SIMON
Address: 1214 KIANA DR
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: KIMMEL, T K
Address: 1604 LORIANA ST
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: LEWIS-KROHN, CHERICE
Address: 2508 BELLWOOD DR.
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: GLENN, LIZ
Address: 120 KIANA DR
City-St-Zip: BRANDON, FL 33511

Title: T (X) Change () Addition
Name: JORDAN, LEONARD
Address: 2217 KATANA PLACE
City-St-Zip: BRANDON, FL 33511

Title: VP (X) Change () Addition
Name: ROBINSON, SIMON
Address: 121 KIANA DR
City-St-Zip: BRANDON, FL 33511

Title: P (X) Change () Addition
Name: KIMMEL, THOMAS
Address: 1604 LORIANA ST
City-St-Zip: BRANDON, FL 33511

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: THOMAS KIMMEL

P

03/09/2009

Electronic Signature of Signing Officer or Director

Date