


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000007316

1. Entity Name
HICKORY NUT LANE HOMEOWNERS' ASSOCIATION, INC.



| | |
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| Principal Place of Business 2440 HICKORY NUT LANE DELAND, FL 32720 | Mailing Address 2440 HICKORY NUT LANE DELAND, FL 32720 |
|--|--|

DO NOT WRITE IN THIS SPACE



04272004 No Chg-NP CR2E037 (10/03)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 59-3622541 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EARLY, CHARLES
112 NORTH FLORIDA AVE.
DELAND, FL 32720**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

000000142953
04/30/04-80072-008 61.25

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DE PEYSTER, JOSEPH B 2440 HICKORY NUT LANE DELAND, FL 32720 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DE PEYSTER, DONNA J 2440 HICKORY NUT LANE DELAND, FL 32720 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRITTON, MEREDITH LEE 2425 HICKORY NUT LANE DELAND, FL 32720 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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)(i), 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: *Meredith Lee Britton* **Meredith Lee BRITTON** **386-24-866**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4/27/04** Date **386-24-866** Daytime Phone #