

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

FILED
Jul 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000007316

1. Entity Name

HICKORY NUT LANE HOMEOWNERS' ASSOCIATION,
INC.



Principal Place of Business

2440 HICKORY NUT LANE
DELAND, FL 32720

Mailing Address

2440 HICKORY NUT LANE
DELAND, FL 32720



07162005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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 September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME DE PEYSTER, JOSEPH B
STREET ADDRESS 2440 HICKORY NUT LANE
CITY-ST-ZIP DELAND, FL 32720

TITLE D
NAME DE PEYSTER, DONNA J
STREET ADDRESS 2440 HICKORY NUT LANE
CITY-ST-ZIP DELAND, FL 32720

TITLE D
NAME BRITTON, MEREDITH LEE
STREET ADDRESS 2425 HICKORY NUT LANE
CITY-ST-ZIP DELAND, FL 32720

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

UN00000373703
07/20/05-80004-007 61.25

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

\$61.25 enclosed (check)