



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000007316</b> 1. Entity Name <b>HICKORY NUT LANE HOMEOWNERS' ASSOCIATION, INC.</b>	
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Principal Place of Business 2440 HICKORY NUT LANE DELAND, FL 32720	Mailing Address 2440 HICKORY NUT LANE DELAND, FL 32720
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**DO NOT WRITE IN THIS SPACE**



04232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3622541	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reconstating)

**Filing Fee is \$81.25**  
**Due by May 1, 2007**

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

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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 05/10/07-80022-025 61.25

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:** *Meredith Lee Britton* **4/23/07** **380-734-8661**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #