

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000012342

**Entity Name:** HICKORY HEAD HAMMOCK INNER8, INC.

**Current Principal Place of Business:**

9 HICKORY HEAD HAMMOCK  
THE VILLAGES, FL 32159

**Current Mailing Address:**

9 HICKORY HEAD HAMMOCK  
THE VILLAGES, FL 32159

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BURKHALTER, KENNETH E  
8 HICKORY HEAD HAMMOCK  
THE VILLAGES, FL 32159 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RECCHI, CHRISTINE J  
Address        2 HICKORY HEAD HAMMOCK  
City-State-Zip: THE VILLAGES FL 32159

Title            TREASURER  
Name            BURKHALTER, KENNETH E  
Address        8 HICKORY HEAD HAMMOCK4  
City-State-Zip: THE VILLAGES FL 32159

Title            SECRETARY  
Name            BURKHALTER, NANCY H  
Address        1 HICKORY HEAD HAMMOCK  
City-State-Zip: THE VILLAGES FL 32159

Title            ASST. TREASURER  
Name            JONES, KERRIE CLARK  
Address        3 HICKORY HEAD HAMMOCK  
City-State-Zip: LADY LAKE FL 32159

*I hereby 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 all other like empowered.*

**SIGNATURE:** KENNETH BURKHALTER

**TREASURER, REG AGENT** 01/31/2022

Electronic Signature of Signing Officer/Director Detail

Date