

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

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 752002

1. Entity Name
**HICKORY HILLS ADDITION OWNERS ASSOCIATION,
INC.**



Principal Place of Business
**3500 S W 2ND AVENUE
GAINESVILLE, FL 32607**

Mailing Address
**3500 S W 2ND AVENUE
GAINESVILLE, FL 32607**



01202005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1098489

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CARPENTER, RONALD A.
3615 N.W. 13TH STREET
GAINESVILLE, FL 32601**

**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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | D |
| NAME | BOUGHANNAM, NIDAL |
| STREET ADDRESS | 4129 ALPINE DRIVE |
| CITY- ST- ZIP | GAINESVILLE, FL 32605 |
| TITLE | VSD |
| NAME | HODGE, B J |
| STREET ADDRESS | 3500 SW 2ND AVE |
| CITY- ST- ZIP | GAINESVILLE, FL 00000, |
| TITLE | PTD |
| NAME | HODGE, L CLARK |
| STREET ADDRESS | 3500 SW 2ND AVENUE |
| CITY- ST- ZIP | GAINESVILLE, FL 00000, |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

U00000321941
04/21/05-80096-022 61.25

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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)(f), 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 #