


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90023 001 \*\*\*\*61.25

<b>DOCUMENT # N01000001323</b>					
<b>1. Entity Name</b> HICKORY HILL HOMEOWNERS ASSOCIATION OF JACKSONVILLE, INC.					
<b>Principal Place of Business</b> 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266			<b>Mailing Address</b> 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03272007    Chg-NP    CR2E037 (12/06)	
Zip		Country		<b>4. FEI Number</b> 59-3720694	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WALLACE, L. DENISE 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266			Name Street Address (P.O. Box Number is Not Acceptable) City		
WALLACE, L. DENISE 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266			FL    Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> LANGDON, LEONARD <b>STREET ADDRESS</b> 3476 HICKORY LANDING CRT <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> LUNNEY, THOMAS <b>STREET ADDRESS</b> 12391 HICKORY FOREST RD <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Peck, James C. <b>STREET ADDRESS</b> 12373 Glenn Hollow Drive <b>CITY-ST-ZIP</b> Jacksonville, FL 32226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> VOSHELL, ANDREW <b>STREET ADDRESS</b> 3817 JULINGTON CREEK RD <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Carignan, William R. <b>STREET ADDRESS</b> 12459 Glenn Hollow Drive <b>CITY-ST-ZIP</b> Jacksonville, FL 32226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> HASCUP, WILLIAM <b>STREET ADDRESS</b> 3488 HICKORY LANDING CT <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32226	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 another like empowered.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/30/07    904 4247748 Date    Daytime Phone #		