


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000007517
 1. Entity Name
 HICKORY VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 4314 PABLO OAKS CT
 JACKSONVILLE, FL 32224

Mailing Address
 4314 PABLO OAKS CT
 JACKSONVILLE, FL 32224

DO NOT WRITE IN THIS SPACE



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number
 20-0627096

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 BARBOUR, GREGORY
 4314 PABLO OAKS CT
 JACKSONVILLE, FL 32224

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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	BARBOUR, GREGORY J
STREET ADDRESS	4314 PABLO OAKS CT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	D
NAME	O'STEEN, RICHARD H
STREET ADDRESS	4314 PABLO OAKS CT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	D
NAME	OWNES, LAUREN L
STREET ADDRESS	4314 PABLO OAKS CT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Lauren L. Owens* Lauren L. Owens 1-18-05 904-992-9750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #