


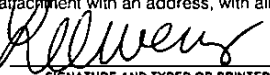


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90132 018 ****61.25

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		9000	
2. Principal Place of Business 920 Third Street Suite, Apt. #, etc. Suite B City & State Neptune Beach, FL		3. Mailing Address 920 Third Street Suite, Apt. #, etc. Suite B City & State Neptune Beach, FL		 01112006 Chg-NP CR2E037 (11/05)	
Zip 32266 Country US		Zip 32266 Country US		4. FEI Number 20-0627096 Applied For Not Applicable	
6. Name and Address of Current Registered Agent BARBOUR, GREGORY 4314 PABLO OAKS CT JACKSONVILLE, FL 32224				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name Wallace, L. Denise Street Address (P.O. Box Number is Not Acceptable) 920 Third Street STE B City Neptune Beach FL Zip Code 32266					
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 				3/31/06 DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARBOUR, GREGORY J	NAME			
STREET ADDRESS	4314 PABLO OAKS CT	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32224	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	O'STEEN, RICHARD H	NAME			
STREET ADDRESS	4314 PABLO OAKS CT	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32224	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OWNES, LAUREN L	NAME	D OWENS, LAUREN L		
STREET ADDRESS	4314 PABLO OAKS CT	STREET ADDRESS	4314 PABLO OAKS COURT		
CITY-ST-ZIP	JACKSONVILLE, FL 32224	CITY-ST-ZIP	JACKSONVILLE, FL 32224		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		Lauren L. Owens		12-06 904-992-9750	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	