2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPORT								Secretary of State					
DOCUMENT # N03000007517								04-05-2006 90132 018 ****61.25					
1. Entity Name HICKORY VILLAGE HOMEOWNERS ASSOCIATION, INC.													
HICKORY	VILLAG	E HOMEOVINER	5 A33(JCIATION, IN	.								
Principal Plac	e of Business		Mailir	ng Address		·		guv					
				4 PABLO OAKS CT									
				SONVILLE, FL 32224									
								1 (20)(8) 80 80	o nin cain cani beni			IRTI ER ITTI	
•				ailing Address					.	I BBUI BBUI U	LDEI CHEN HEN DEI	AB \$1 100	
920 Third Street Suite, Apt. #, etc.				920 Third Street Suite, Apt. #, etc.									
: : : : :				Suite B				01112006 C	hg-NP	CR2E0	37 (11/05)		
City & State				City & State				4. FEI Number			l lAr	plied For	
Neptune Beach, FL				Neptune Beach, FL				20-062709	96		1 1	t Applicable	
Zip				Zip Co				E Camitianta at C	tatus Danisad		\$8.75 Add	ditional	
32266 US				32266			5. Certificate of Status Desired Fee Required				d		
	6. Name	and Address of Current	Register	ed Agent					7. Name and Address of New Registered Agent				
BARBOUR, GREGORY Wall							alla	ce, L. De	enise				
4314 PABLO OAKS CT						Street A	ddress (P.O. Box Number is	Not Acceptable				
JACKSON		920 I			<u>hird Stro</u>	<u>eet STE</u>	_B						
City										Fl	Zip Cod	е	
A The above	named entit	y submits this statement for	or the num	nose of changing its	register	N.	eptu	ine Beach	the State of Flo		- 1322	66	
	tions of regist		/ W / W / W / W / W / W / W / W / W / W	ocso or crianging its	register	ou omes o	· register	ed age: it, or boin, ii	THE SILE OF THE		/ Idininai Wilai,	and accept	
	_		04	,						26	./.		
SIGNATURE .	\sim	Bles	ruce	·						<i>5/3//</i>	سال/		
	Signature, typed	o printed name of registered agent	and title if ap	plicable. (NOTI	E: Registere	d Agent signar	tura required	d when reinstating)		/ DA/E			
Filing Fee is \$61.25				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Florida Department of State						
	Due by M	lay 1, 2006			ZONINDUI	ion,		Added to Fees					
10.	I _	OFFICERS AND DI	RECTORS		11.		τ	ADDITIONS/CHANG	ES TO OFFICE	RS AND D			
TITLE	D	0050000/ 1		☐ Detete	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS	I	R, GREGORY J LO OAKS CT			NAM	ET ADORESS							
CITY-ST-ZIP	1	IVILLE, FL 32224				-ST-ZIP			•				
TITLE	D			☐ Delete	TITU		 				☐ Change	☐ Addition	
NAME	l ⁻	RICHARD H		Defete	NAM						Change	☐ ∧ooition	
STREET ADDRESS		LO OAKS CT				et address							
CITY-ST-ZIP	JACKSON	IVILLÉ, FL 32224			CITY	-ST-ZIP							
TITLE	D			☐ Delete	TITLE	<u> </u>	D		- 1 1		Change	Addition	
NAME	OWNES,	LAUREN L			NAM	E	OWG	ENS, LAURE 4 PABLO OF	W C COU	RT			
STREET ADDRESS	4314 PAB	LO OAKS CT				ET ADDRESS	431	4 PHISES -	C 222	⇒ <i>t</i> .			
CITY-ST-ZIP	JACKSON	IVILLE, FL 32224			CITY	-ST-ZIP	JAC	KSONVILLE,	FC 322	τ			
TITLE				Delete	TITLE		i				Change	☐ Addition	
NAME					MAM		j						
STREET ADDRESS CITY-ST-ZIP						et address -St-Zip							
						-	-						
TITLE				☐ Delete	TITLE						☐ Change	☐ Addition	
name Street address					MAM	ET ADDRESS							
CITY-ST-ZIP						-ST-ZIP							
TITLE				☐ Delete	TITLE					-	☐ Change	Addition	
NAME	1				NAM								
STREET ADDRESS						ET ADDRESS							

12. I hereby certify that the information supplied with this filling 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 atjacon report with an address, with all other like empowered.

SIGNATURE:

Lauren L. Owens

1-12-06

904-997-915

Daytime Phone #