
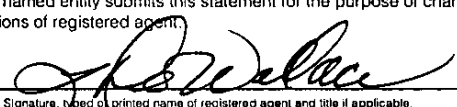
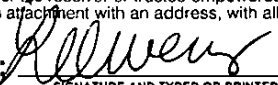


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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		
2. Principal Place of Business 920 Third Street Suite, Apt. #, etc. Suite B City & State Neptune Beach, FL Zip 32266		3. Mailing Address 920 Third Street Suite, Apt. #, etc. Suite B City & State Neptune Beach, FL Zip 32266		4. FEI Number 20-0627096 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01112006 Chg-NP CR2E037 (11/05)			
6. Name and Address of Current Registered Agent BARBOUR, GREGORY 4314 PABLO OAKS CT JACKSONVILLE, FL 32224			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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BARBOUR, GREGORY J 4314 PABLO OAKS CT JACKSONVILLE, FL 32224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete O'STEEN, RICHARD H 4314 PABLO OAKS CT JACKSONVILLE, FL 32224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete OWNES, LAUREN L 4314 PABLO OAKS CT JACKSONVILLE, FL 32224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D OWENS, LAUREN L 4314 PABLO OAKS COURT JACKSONVILLE, FL 32224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 1-12-06 904-992-9750 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					