
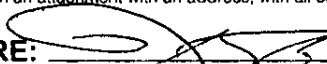


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90188 046 \*\*\*\*61.25

<b>DOCUMENT # N03000007517</b>					
1. Entity Name HICKORY VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 920 THIRD ST STE B NEPTUNE BEACH, FL 32266		Mailing Address 920 THIRD ST STE B NEPTUNE BEACH, FL 32266			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0627096	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALLACE, DENISE L 920 THIRD ST STE B JACKSONVILLE, FL 32224			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBOUR, GREGORY J		NAME	Cobb SR., Richard G.	
STREET ADDRESS	4314 PABLO OAKS CT		STREET ADDRESS	86115 Red Holly Place	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	Yulee, FL 32097	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'STEEN, RICHARD H		NAME	Waters, Alphanette	
STREET ADDRESS	4314 PABLO OAKS CT		STREET ADDRESS	86333 Evergreen Place	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	Yulee, FL 32097	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VD2	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OWENS, LAUREN L		NAME	Robbins, Sonya	
STREET ADDRESS	4314 PABLO OAKS CT		STREET ADDRESS	86010 Evergreen Place	
CITY-ST-ZIP	JACKSONVILLE, FL 32224		CITY-ST-ZIP	Yulee, FL 32097	
TITLE		<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Keiter, Holly	
STREET ADDRESS			STREET ADDRESS	86197 Evergreen Place	
CITY-ST-ZIP			CITY-ST-ZIP	Yulee, FL 32097	
TITLE		<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Roberts, Robin T.	
STREET ADDRESS			STREET ADDRESS	86099 Maple Leaf Place	
CITY-ST-ZIP			CITY-ST-ZIP	Yulee, FL 32097	
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: 			Date: 4/13/07		Daytime Phone #: 904-714-3214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					