
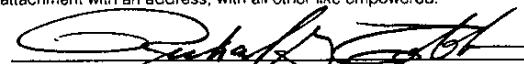


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90007 033 ****61.25

DOCUMENT # N03000007517					
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		4. FEI Number 20-0627096	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COBB SR., RICHARD G		NAME		
STREET ADDRESS	86115 RED HOLLY PLACE		STREET ADDRESS		
CITY-ST-ZIP	YULEE, FL 32097		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WATERS, ALPHANETTE		NAME		
STREET ADDRESS	86333 EVERGREEN PLACE		STREET ADDRESS		
CITY-ST-ZIP	YULEE, FL 32097		CITY-ST-ZIP		
TITLE	VD2	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBBINS, SONYA		NAME		
STREET ADDRESS	86010 EVERGREEN PLACE		STREET ADDRESS		
CITY-ST-ZIP	YULEE, FL 32097		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEITER, HOLLY		NAME		
STREET ADDRESS	86197 EVERGREEN PLACE		STREET ADDRESS		
CITY-ST-ZIP	YULEE, FL 32097		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBERTS, ROBIN T		NAME		
STREET ADDRESS	86099 MAPLE LEAF PLACE		STREET ADDRESS		
CITY-ST-ZIP	YULEE, FL 32097		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: 		4/20/08		904-477-5926	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	