

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007517

FILED
Apr 15, 2009
Secretary of State

Entity Name: HICKORY VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

920 THIRD ST STE B
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

Current Mailing Address:

920 THIRD ST STE B
NEPTUNE BEACH, FL 32266

New Mailing Address:

FEI Number: 20-0627096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, DENISE L
920 THIRD ST STE B
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COBB SR., RICHARD G
Address: 86115 RED HOLLY PLACE
City-St-Zip: YULEE, FL 32097

Title: VD () Delete
Name: WATERS, ALPHANETTE
Address: 86333 EVERGREEN PLACE
City-St-Zip: YULEE, FL 32097

Title: VD2 () Delete
Name: ROBBINS, SONYA
Address: 86010 EVERGREEN PLACE
City-St-Zip: YULEE, FL 32097

Title: TD (X) Delete
Name: KEITER, HOLLY
Address: 86197 EVERGREEN PLACE
City-St-Zip: YULEE, FL 32097

Title: SD (X) Delete
Name: ROBERTS, ROBIN T
Address: 86099 MAPLE LEAF PLACE
City-St-Zip: YULEE, FL 32097

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: LAURIE, ROBERT
Address: 86003 MAPLE LEAF PLACE
City-St-Zip: YULEE, FL 32097

Title: SD (X) Change () Addition
Name: MANLEY, FRANK J
Address: 86054 SAND HICKORY TRAIL
City-St-Zip: YULEE, FL 32097

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. DENISE WALLACE

RA

04/15/2009

Electronic Signature of Signing Officer or Director

Date