

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012638

FILED
Feb 20, 2006
Secretary of State

Entity Name: HICKORY HILL SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

10250 NORTH PALAFOX STREET
PENSACOLA, FL 32534

New Principal Place of Business:

Current Mailing Address:

10250 NORTH PALAFOX STREET
PENSACOLA, FL 32534

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOORHEAD, STEPHEN R
25 WEST GOVERNMENT STREET
PENSACOLA, FL 32502 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: D () Delete
Name: FITZPATRICK, ERIKA D
Address: 10250 NORTH PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32534

Title: PD () Delete
Name: FITZPATRICK, DAVID
Address: 10250 NORTH PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32534

Title: VPST () Delete
Name: FITZPATRICK, DIANE R
Address: 10250 NORTH PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32534

Title: D () Delete
Name: FITZPATRICK, DIANE R
Address: 10250 NORTH PALAFOX STREET
City-St-Zip: PENSACOLA, FL 32534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: DIANE R FITZPATRICK

D

02/20/2006

Electronic Signature of Signing Officer or Director

Date