


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000012638	
1. Entity Name HICKORY HILL SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.	

FILED
08 JUN -9 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

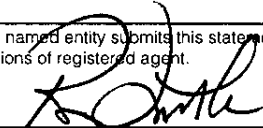
Principal Place of Business 10250 NORTH PALAFOX STREET PENSACOLA, FL 32534	Mailing Address 10250 NORTH PALAFOX STREET PENSACOLA, FL 32534
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2. Principal Place of Business - No P.O. Box # 8101 University Pkwy. Suite, Apt. #, etc. Suite B City & State Pensacola, FL Zip 32514 Country US	3. Mailing Address 8101 University Pkwy. Suite, Apt. #, etc. Suite B City & State Pensacola, FL Zip 32514 Country US
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4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORHEAD, STEPHEN R 25 WEST GOVERNMENT STREET PENSACOLA, FL 32502	
7. Name and Address of New Registered Agent Name: Ron Tuttle Street Address (P.O. Box Number is Not Acceptable): 8101 University Parkway Suite B City: Pensacola, FL Zip Code: 32514	

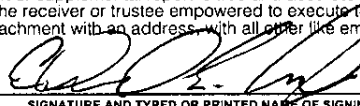
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  Ron TUTTLE 5/21/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZPATRICK, ERIKA D 10250 NORTH PALAFOX STREET PENSACOLA, FL 32534 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Chad Edgar 8101 University Pkwy. Pensacola, FL 32514 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FITZPATRICK, DAVID 10250 NORTH PALAFOX STREET PENSACOLA, FL 32534 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Ron Tuttle 8101 University Pkwy. Pensacola, FL 32514 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST FITZPATRICK, DIANE R 10250 NORTH PALAFOX STREET PENSACOLA, FL 32534 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Michelle Porter 8101 University Pkwy. Pensacola, FL 32514 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZPATRICK, DIANE R 10250 NORTH PALAFOX STREET PENSACOLA, FL 32534 <input checked="" 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	700131088967 06/09/08--01054--011 *\$122.50 <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:  CHAD E. EDGAR 5/21/08 (850) 475-2554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #