

# **2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N07000006979

**FILED**  
**Jun 17, 2014**  
**Secretary of State**

**Entity Name:** HICKORY COVE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

426 SW COMMERCE DR., STE. 130  
LAKE CITY, FL 32055

**New Principal Place of Business:**

178 SW ASHEVILLE WAY  
LAKE CITY, FL 32024

**Current Mailing Address:**

426 SW COMMERCE DR., STE. 130  
LAKE CITY, FL 32055

**New Mailing Address:**

178 SW ASHEVILLE WAY  
LAKE CITY, FL 32024

**FEI Number:** 47-1123413

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPARKS, CHARLES S.  
426 SW COMMERCE DR., STE. 130  
LAKE CITY, FL 32055 US

**Name and Address of New Registered Agent:**

CASON, CARRIE C  
178 SW ASHEVILLE WAY  
LAKE CITY, FL 32024 US

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:** CARRIE C CASON

06/17/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** CASON, CARRIE C  
**Address:** 178 SW ASHEVILLE WAY  
**City-St-Zip:** LAKE CITY, FL 32024

**Title:** DV  
**Name:** CASON, MATTHEW D  
**Address:** 178 SW ASHEVILLE WAY  
**City-St-Zip:** LAKE CITY, FL 32024

**Title:** DST  
**Name:** CASON, CARRIE C  
**Address:** 178 SW ASHEVILLE WAY  
**City-St-Zip:** LAKE CITY, FL 32024

I hereby 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 all other like empowered.

**SIGNATURE:** CARRIE C CASON

DP

06/17/2014

Electronic Signature of Signing Officer or Director

Date