2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N13005 1. Entity Name HICKORY PARK TOWNHOUSE OWNERS ASSOCIATION, INC.		۷,	SECRE DIVISION	FILED TARY OF STATE OF CORPORATIONS	
Principal Place of Business 578 ARROW ST PANAMA CITY, FL 32404 US	Mailing Address 578 ARROW ST PANAMA CITY, FL 3240	4 US .	04 0C	T 25 PM 2: 29	
518 ARROW ST	5/8 ARROW		() 2 2 1 1 1 2 1 1 2 2 1 1 1 2 2 2 2 2 2	BI 201: 8:811 8:2: 8181) 8:811 8(8) 9:5(06: 9: 120)	
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.			10202004 REIN-NP	CR2E099 (6/04)	
City & State	City & State		4. FEI Number	Applied For	
Zip. — Country —	+ Zip	Country ~	59-2895290	Not Applicable	
6. Name and Address of Curren	Registered Agent		Certificate of Status Desire Name and Address of Ne	Fee Required	
POPPETT, JIM POPPEL	Name	7. Hario and Addies of No.	an Iragiatoraa Agaitt		
578 ARROW ST PANAMA CITY, FL 32404		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
		City		FL Zip Code	
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent.	t and title if applicable. (NOTE:	Registered Agent signature req	uired when reinstating)	DATE	
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.	In accordance corporation of	e with s. 607.193(2)(the most receive the price	o), F.S., the or notice.	Make check payable to Florida Department of State	
10. OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFF		
	11, Jim	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4000 10/25/04	4216 6⁴⁹⁸4^{□ Addition} 01072004 **61.25	
TITLE D NAME RUDD, CHARLES STREET ADDRESS 528 ARROW ST CITY-ST-ZIP PANAMA CITY, FL 32404	☐ Delete	TITLE NAME STREET ADDRESS 'CITY-ST-ZIP		☐ Change ☐ Addition	
ITILE NAME: BERLE, LAURIE E. ESC STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32404	RLE, LAURIE-E	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
ITILE D NAME FITTS, GREG STREET ADDRESS 511 S HWY 22A	☐ Detete	TIFLE NAME STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP PANAMA CITY, FL 32404 IITLE NAME . SIRIET ADDRESS	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change . ☐ Addition	
12. I hereby certify that the information supplied wit indicated on this report or supplemental report of the corporation or the receiver or trustee empty changed, or on an attachment with an address. SIGNATURE: SIGNATURE AND TYPED DR	rowered to execute this report a	s required by Chapter 6	Section 119.07(3)(i), Florida Statures same legal effect as if made unity, Florida Statutes; and that my included the same legal effect as if made unity, Florida Statutes; and that my included the same legal effects are same legal effects.	name appears in Block 10 or Block 11 if	

10/2700