

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90194 025 \*\*\*\*61.25

**DOCUMENT # N13005**

1. Entity Name  
HICKORY PARK TOWNHOUSE OWNERS ASSOCIATION, INC.



Principal Place of Business  
518 ARROW ST  
PANAMA CITY, FL 32404 US

Mailing Address  
518 ARROW ST  
PANAMA CITY, FL 32404 US



2. Principal Place of Business - No P.O. Box #  
527 S. Hwy 22A  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 10116  
Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State  
PANAMA CITY FLORIDA

City & State  
PANAMA CITY FLORIDA

Zip  
32404

Country  
BAY

Zip  
32404

Country  
BAY

4. FEI Number  
59-2895290

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
POPELL, JIM  
518 ARROW ST  
PANAMA CITY, FL 32404

7. Name and Address of New Registered Agent  
Name  
JONES, JOSHUA  
Street Address (P.O. Box Number is Not Acceptable)  
521 S. Hwy 22A  
City  
PANAMA CITY FL Zip Code  
32404

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 JOSHUA JONES, PRESIDENT 1/10/2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PD	POPELL, JIM	518 ARROW ST	PANAMA CITY, FL 32404	<input checked="" type="checkbox"/>
D	RUDD, CHARLES	528 ARROW ST	PANAMA CITY, FL 32404	<input checked="" type="checkbox"/>
D	EBERLE, LAURIE E	538 ARROW STREET	PANAMA CITY, FL 32404	<input checked="" type="checkbox"/>
D	BAILEY, CONNIE	532 ARROW STREET	PANAMA CITY, FL 32404	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P/D	JONES, Joshua	521 S. Hwy 22A	PANAMA CITY FL 32404	<input type="checkbox"/>
S/D	WORTHING, CHARITY	529 S. Hwy 22A	PANAMA CITY FL 32404	<input type="checkbox"/>
T/D	CLAES, SONJA	527 S. Hwy 22A	PANAMA CITY FL 32404	<input type="checkbox"/>
D/VP	DAY, STEPHEN	523 S. Hwy 22A	PANAMA CITY FL 32404	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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: JOSHUA JONES, PRESIDENT 1/10/2007 747-9023  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #