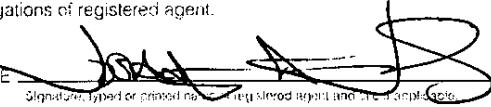


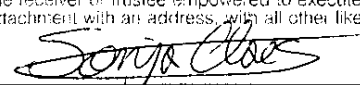
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90035 008 ****61.25

DOCUMENT # N13005 1. Entity Name HICKORY PARK TOWNHOUSE OWNERS ASSOCIATION, INC.					
Principal Place of Business 527 S. HWY 22A PANAMA CITY FL 32404 US			Mailing Address P.O. BOX 10116 PANAMA CITY FL 32404 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2895290 Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, JOSHUA 521 S. HWY 22A PANAMA CITY FL 32404				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 	
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 				DATE 15 FEB 08	
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, JOSHUA 521 S. HWY 22A PANAMA CITY FL 32404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON, VESTA 528 ARROW STREET (526) PANAMA CITY FL 32404	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WORTHING, CHARITY 529 S. HWY 22A PANAMA CITY FL 32404	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HECKERSON, BARBARA 508 ARROW STREET PANAMA CITY FL 32404	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CLAES, SONJA 527 S. HWY 22A PANAMA CITY FL 32404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, CONNIE 532 ARROW STREET PANAMA CITY FL 32404	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DAY, STEPHEN 523 S. HWY 22A PANAMA CITY FL 32404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **SONJA CLAES, T** **3/12/2008** **769-7132**