

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13005

FILED
Apr 07, 2009
Secretary of State

Entity Name: HICKORY PARK TOWNHOUSE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

527 S. HWY 22A
PANAMA CITY, FL 32404 US

New Principal Place of Business:

529 S. HWY 22A
PANAMA CITY, FL 32404 US

Current Mailing Address:

P.O. BOX 10116
PANAMA CITY, FL 32404 US

New Mailing Address:

FEI Number: 59-2895290 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JONES, JOSHUA
521 S. HWY 22A
PANAMA CITY, FL 32404 US

Name and Address of New Registered Agent:

HECKERSON, BARBARA
508 ARROW STREET
PANAMA CITY, FL 32404 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: BARBARA HECKERSON

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, JOSHUA
Address: 521 S. HWY 22A
City-St-Zip: PANAMA CITY, FL 32404

Title: D () Delete
Name: HECKERSON, BARBARA
Address: 508 ARROW STREET
City-St-Zip: PANAMA CITY, FL 32404

Title: TD () Delete
Name: CLAES, SONJA
Address: 527 S. HWY 22A
City-St-Zip: PANAMA CITY, FL 32404

Title: SD (X) Delete
Name: ANDERSON, VESTA
Address: 528 ARROW STREET 526
City-St-Zip: PANAMA CITY, FL 32404

Title: DVP (X) Delete
Name: DAY, STEPHEN
Address: 523 S. HWY 22A
City-St-Zip: PANAMA CITY, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HECKERSON, BARBARA
Address: 508 ARROW STREET
City-St-Zip: PANAMA CITY, FL 32404

Title: VP (X) Change () Addition
Name: CURTIS, GENELL
Address: 520 ARROW STREET
City-St-Zip: PANAMA CITY, FL 32404

Title: TREA (X) Change () Addition
Name: BRAMBLETT, CHARITY
Address: 529 S. HWY 22A
City-St-Zip: PANAMA CITY, FL 32404

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA HECKERSON

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date