## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15257

FILED Apr 30, 2006 Secretary of State

Entity Name: OLD HICKORY HOME OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

4400 BAYOU BLVD SUITE 35 PENSACOLA, FL 32503

**New Mailing Address: Current Mailing Address:** 

4400 BAYOU BLVD SUITE 35 PENSACOLA, FL 32503

FEI Number: 59-3179460 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CHALK, WESLEY LONGWELL, TINA 4400 BYAOU BLVD 4400 BYAOU BLVD SUITE 35 SUITE 35

PENSACOLA, FL 32503 US PENSACOLA, FL 32503 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: TINA LONGWELL 04/30/2006

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete CATCHOT, LISA WEINZIMMER, JENNIFER Name: Name: 7661 OLD HICKORY DR Address: 7651 OLD HICKORY DR Address: City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: PENSACOLA, FL 32507

(X) Change ( ) Addition Title: ( ) Delete Title:

Name: LAGOS, J Name: MOTLEY, MORRIS Address: 7605 OLD HICKORY DR Address: 7625 OLD HICKORY DR City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: PENSACOLA, FL 32507

Title: () Delete Title: STD (X) Change ( ) Addition

HARVEY, ANGEL MENA, ED Name: Name: 7643 OLD HICKORY DR 7622 OLD HICKORY DR Address: Address: City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: PENSACOLA, FL 32507

I hereby certify that the information supplied with this filing does not qualify for the 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: JENNIFER WEINZIMMER PD 04/30/2006