

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15257

FILED
May 01, 2008
Secretary of State

Entity Name: OLD HICKORY HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4400 BAYOU BLVD
SUITE 35
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

4400 BAYOU BLVD
SUITE 35
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 59-3179460 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LONGWELL, TINA
4400 BYAOU BLVD
SUITE 35
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARKHAM, TOM
Address: 7666 OLD HICKORY DR
City-St-Zip: PENSACOLA, FL 32507

Title: D () Delete
Name: MOTLEY, MORRIS
Address: 7625 OLD HICKORY DR
City-St-Zip: PENSACOLA, FL 32507

Title: DT () Delete
Name: MARKHAM, SUE
Address: 7666 OLD HICKORY DR
City-St-Zip: PENSACOLA, FL 32507

Title: DS (X) Delete
Name: COTE, DAINE
Address: 7604 OLD HICKORY DR
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Delete
Name: SMITH, NATHAN
Address: 7660 OLD HICKORY DR
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Delete
Name: THORNTON, ROSE
Address: 7668 OLD HICKORY DR
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change () Addition
Name: COTE, DAINE
Address: 7604 OLD HICKORY DR
City-St-Zip: PENSACOLA, FL 32507

Title: D (X) Change () Addition
Name: SMITH, NATHAN
Address: 7660 OLD HICKORY DR
City-St-Zip: PENSACOLA, FL 32507

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

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: TOM MARKHAM

PD

05/01/2008

Electronic Signature of Signing Officer or Director

Date