


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90204 047 ****61.25

DOCUMENT # N24180 1. Entity Name HICKORY CREEK ASSOCIATION, INC.					
Principal Place of Business 392 SCARLET BUGLER LANE NORTH JACKSONVILLE, FL 32225 US			Mailing Address P O BOX 350323 JACKSONVILLE, FL 32235 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3112358	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SMITH, ANN K ESQ BARTLETT, HEEKIN, SMITH & GREENE-PA ONE INDEPENDENT DRIVE SUITE 2200- JACKSONVILLE, FL 32202				Name Street Address (P.O. Box Number is Not Acceptable) SMITH & GREENE, PA 550 WEST WATER STREET, SUITE 1150 City JACKSONVILLE FL Zip Code 32202	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 GRIFFIN, PAUL 392 SCARLET BUGLER LN N JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT D ROBERT HEATON 514 LAZY MEADOW DRIVE EAST JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELL, CONNIE 12563 DRAGONFLY LN. N. JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT D OLLIE BROWN 301 LAZY MEADOW DRIVE WEST JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REICHHARDT, SHARON 620 TRUMPET VINE COURT JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY D CAROL SANDERS 12750 MEADOWSWEET LANE JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <i>Sharon Reichhardt</i> SHARON B REICHHARDT 4/23/06 904-281-6278					