2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N24180

Entity Name: HICKORY CREEK ASSOCIATION, INC.

Current Principal Place of Business:

344 LAZY MEADOW DR E
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

626 LAZY MEADOW DR E
JACKSONVILLE, FL 32225 US

Current Mailing Address:

P O BOX 350323
JACKSONVILLE, FL 32235 US

New Mailing Address:

FEI Number: 59-3112358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, ANN K ESQ
SMITH & GREENE, PA
550 WEST WATER ST. STE., 1150
JACKSONVILLE, FL 32202 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: MICHEAL, BEATY
Address: 344 LAZY MEADOW DR E
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP ( ) Delete
Name: CONNELLY, TERRY
Address: 626 LAZY MEADOW DR E.
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD ( ) Delete
Name: DUNBAR, LINDA
Address: 12522 LAZY MEADOW DR S.
City-St-Zip: JACKSONVILLE, FL 32225

Title: S ( ) Delete
Name: BELL, CONNIE
Address: 12563 DRAGONFLY LANE N
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CONNELLY, TERRY
Address: 626 LAZY MEADOW DR E
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP (X) Change ( ) Addition
Name: BROEKMAN, JEFF
Address: 283 CASCARA DRIVE E
City-St-Zip: JACKSONVILLE, FL 32225

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

Title: S (X) Change ( ) Addition
Name: DUFFIE, ANNA
Address: 436 LAZY MEADOW DR E
City-St-Zip: JACKSONVILLE, FL 32225

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: LINDA M. DUNBAR, TREASURER TD 04/27/2009
Electronic Signature of Signing Officer or Director Date