

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 31, 2008**  
**Secretary of State**

DOCUMENT# N30614

**Entity Name:** HICKORY HOLLOW ASSOCIATION, INC.**Current Principal Place of Business:**293 HICKORY HOLLOW DR S  
JACKSONVILLE, FL 32225**New Principal Place of Business:**12433 OWLS NEST CT.  
JACKSONVILLE, FL 32225**Current Mailing Address:**293 HICKORY HOLLOW DR S  
JACKSONVILLE, FL 32225**New Mailing Address:**12433 OWLS NEST CT.  
JACKSONVILLE, FL 32225**FEI Number:** 59-2964137**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LEROUX, ROBERT  
293 HICKORY HOLLOW DR S  
JACKSONVILLE, FL 32225 US**Name and Address of New Registered Agent:**ST LAURENT, PHILIP C MR.  
12433 OWLS NEST CT.  
JACKSONVILLE, FL 32225 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: PHILIP ST LAURENT

05/31/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LEROUX, ROBERT  
Address: 293 HICKORY HOLLOW DR. S.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD ( ) Delete  
Name: WORLEY, KATHLEEN  
Address: 260 HICKORY HOLLOW DR S  
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD ( ) Delete  
Name: GRAHAM, CHERYL  
Address: 264 HICKORY HOLLOW DR. S.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ST LAURENT, PHILIP  
Address: 12433 OWLS NEST CT.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: VD (X) Change ( ) Addition  
Name: WORLEY, KATHLEEN  
Address: 260 HICKORY HOLLOW DR. S.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: TD (X) Change ( ) Addition  
Name: MILLER, COLIN  
Address: 386 HICKORY HOLLOW DR. N.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD ( ) Change (X) Addition  
Name: SULZER, HOLLY  
Address: 226 HICKORY HOLLOW DR. S.  
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: PHILIP ST LAURENT

PD

05/31/2008

Electronic Signature of Signing Officer or Director

Date