

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30614

FILED
Jan 05, 2009
Secretary of State

Entity Name: HICKORY HOLLOW ASSOCIATION, INC.

Current Principal Place of Business:

12433 OWLS NEST CT.
JACKSONVILLE, FL 32225

New Principal Place of Business:

12058 SAN JOSE BLVD.
SUITE 203
JACKSONVILLE, FL 32223

Current Mailing Address:

12433 OWLS NEST CT.
JACKSONVILLE, FL 32225

New Mailing Address:

P.O. BOX 600033
JACKSONVILLE, FL 32260

FEI Number: 59-2964137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST LAURENT, PHILIP C MR.
12433 OWLS NEST CT.
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

BROOKS, ELAINE
12058 SAN JOSE BLVD.
SUITE 203
JACKSONVILLE, FL 32223 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: ELAINE BROOKS

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ST LAURENT, PHILIP
Address: 12433 OWLS NEST CT.
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: TD () Delete
Name: MILLER, COLIN
Address: 386 HICKORY HOLLOW DR. N.
City-St-Zip: JACKSONVILLE, FL 32225

Title: SD () Delete
Name: SULZER, HOLLY
Address: 226 HICKORY HOLLOW DR. S.
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ST LAURENT, PHILIP
Address: P. O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: VP (X) Change () Addition
Name: RIGGEN, JEANNIE
Address: P. O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: T (X) Change () Addition
Name: MILLER, COLIN
Address: P. O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

Title: S (X) Change () Addition
Name: SULZER, HOLLY
Address: P. O. BOX 600033
City-St-Zip: JACKSONVILLE, FL 32260

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: ELAINE BROOKS

OFFI

01/05/2009

Electronic Signature of Signing Officer or Director

Date