

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jan 07, 2009**  
**Secretary of State**

DOCUMENT# N30614

**Entity Name:** HICKORY HOLLOW ASSOCIATION, INC.**Current Principal Place of Business:**12058 SAN JOSE BLVD.  
SUITE 203  
JACKSONVILLE, FL 32223**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 600033  
JACKSONVILLE, FL 32260**New Mailing Address:****FEI Number:** 59-2964137**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BROOKS, ELAINE  
12058 SAN JOSE BLVD.  
SUITE 203  
JACKSONVILLE, FL 32223 US**Name and Address of New Registered Agent:**PROPERTY MANAGEMENT PARTNERS OF ST. JOHNS  
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

01/07/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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

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

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

\*\*\*Amended Report fee waived due to incorrect signature  
on annual report filed on 01/05/09.\*\*\* mem

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

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date