2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State
05-02-2006 90165 019 ****61.25

DOCUMENT # N47135

1. Entity Name
HICKORY MANOR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 351236 JACKSONVILLE, FL 32235-1236 US	P.O. BOX 351236 JACKSONVILLE, FL 32235

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04282006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-3114789
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSE, TONYA E 693 OTTERSPOOL LANE JACKSONVILLE, FL 32225	Name: Cox, Margie Street Address (P.O. Box Number is Not Acceptable): 694 Otterspool Lane City: Jacksonville FL Zip Code: 32225

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$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	SD SANCHEZ, ANGEL J 12774 EAGLESHAM DRIVE JACKSONVILLE, FL 32225	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD Cox, Margie 694 Otterspool Lane Jacksonville FL 32225	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T KEA, DIANE D 708 WILLOUGHBY COURT JACKSONVILLE, FL 32225	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD Glen Simoneaux 724 Otterspool Lane Jacksonville FL 32225	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD ROSE, TONYA E 693 OTTERSPOOL LANE JACKSONVILLE, FL 32225	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S Rose, Tonya 693 Otterspool Lane Jacksonville FL 32225	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD VANZANT, JILL 681 HICKORY MANOR DRIVE JACKSONVILLE, FL 32225	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T Alma Lawrence 709 Otterspool Lane Jacksonville FL 32225	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Bill Cox 694 Otterspool Lane Jacksonville FL 32225	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

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: MARGIE COX Margie Cox President 4/28/06 (904)221-2652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #