

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90011 021 ****61.25

DOCUMENT # N47135

1. Entity Name
HICKORY MANOR ASSOCIATION, INC.



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

Mailing Address
P.O. BOX 351236
JACKSONVILLE, FL 32235



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02192008 Chg-NP CR2E037 (12/06)

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

COX, MARGIE
694 OTTERSPOOL LN
JACKSONVILLE, FL 32225

Name **Tonya Rose**
Street Address (P.O. Box Number is Not Acceptable)
693 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)

02-25-08

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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 PD ☒ Delete
NAME COX, MARGIE
STREET ADDRESS 694 OTTERSPOOL LN
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SIMONEAUX, GLEN
STREET ADDRESS 724 OTTERSPOOL LN
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME ROSE, TONYA
STREET ADDRESS 693 OTTERSPOOL LN
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE P/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME KEIL, DIANE D
STREET ADDRESS 708 WILLOWGHBY COURT
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE T/S/D ☒ Change ☐ Addition
NAME Diane D. Kea
STREET ADDRESS 708 Willowghby Court
CITY-ST-ZIP Jacksonville, FL 32225

TITLE D ☒ Delete
NAME COX, BILL
STREET ADDRESS 694 OTTERSPOOL LN
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: President 02-25-08 904-221-8716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #