

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47135

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** HICKORY MANOR ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 351236  
JACKSONVILLE, FL 322351236 US

**New Principal Place of Business:**

693 OTTERSPOOL LANE  
JACKSONVILLE, FL 322351236 US

**Current Mailing Address:**

P.O. BOX 351236  
JACKSONVILLE, FL 32235

**New Mailing Address:**

**FEI Number:** 59-3114789      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSE, TONYA  
693 OTTERSPOOL LN  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: SIMONEAUX, GLEN  
Address: 724 OTTERSPOOL LN  
City-St-Zip: JACKSONVILLE, FL 32225

Title: PD ( ) Delete  
Name: ROSE, TONYA  
Address: 693 OTTERSPOOL LN  
City-St-Zip: JACKSONVILLE, FL 32225

Title: TSD ( ) Delete  
Name: KEA, DIANE D  
Address: 708 WILLOWGHBY COURT  
City-St-Zip: JACKSONVILLE, FL 32225

**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:

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: TONYA ROSE

PRES

04/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date