

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002221

FILED
Apr 25, 2009
Secretary of State

Entity Name: HICKORY WALK NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

New Mailing Address:

FEI Number: 59-3198358

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIPPE REALTY MGMT, INC.
5208 SW 91ST DR.
SUITE D
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

CONNER, SARAH AGENT
5208 SW 91ST DR.
SUITE D
GAINESVILLE, FL 32608 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: SARAH CONNER, AGENT

04/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHARLES, DOLSAK
Address: 9938 SW 52ND ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: VP () Delete
Name: GUYAN, GREG
Address: 10116 SW 52ND ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: T () Delete
Name: TRUNK, DANIEL
Address: 9904 SW 52ND ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: S () Delete
Name: FULFORD, SUSAN
Address: 10037 SW 52ND ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: FRANCIS, WAYNE
Address: 10027 SW 52ND ROAD
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: CHARLES, DOLSAK
Address: 9938 SW 52ND ROAD
City-St-Zip: GAINESVILLE, FL 32608

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

Title: P (X) Change () Addition
Name: TRUNK, DANIEL
Address: 9904 SW 52ND ROAD
City-St-Zip: GAINESVILLE, FL 32608

Title: D (X) Change () Addition
Name: DESJARDIN, JIM
Address: 9913 SW 52ND ROAD
City-St-Zip: GAINESVILLE, FL 32608

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: DAN TRUNK

PRES

04/25/2009

Electronic Signature of Signing Officer or Director

Date