

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005179

FILED
Mar 21, 2009
Secretary of State

Entity Name: HICKORY GLEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3041 HICKORY GLEN DR.
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 65537
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 59-3638252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSBORNE, LEE S
2500 MONUMENT ROAD
STE 201
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: PD () Delete
Name: WILSON, RODNEY A
Address: 3092 HICKORY GLEN DR
City-St-Zip: ORANGE PARK, FL 32065

Title: VD () Delete
Name: SMITH, JACQUELINE M
Address: 3011 HICKORY GLEN DR
City-St-Zip: ORANGE PARK, FL 32065

Title: TD () Delete
Name: LOVELY, CHARLIE
Address: 3007 HICKORY GLEN DR.
City-St-Zip: ORANGE PARK, FL 32065

Title: S () Delete
Name: SMITH, TAMI C
Address: 3041 HICKORY GLEN DR
City-St-Zip: ORANGE PARK, FL 32065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: WILSON, RODNEY A
Address: 3092 HICKORY GLEN DR.
City-St-Zip: ORANGE PARK, FL 32065

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: RODNEY A. WILSON

PD

03/21/2009

Electronic Signature of Signing Officer or Director

Date