

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713165 (9)

1. Corporation Name
HICKORY HILL HOME OWNERS ASSOCIATION, INC.



Principal Place of Business
**4270 HEMLOCK LANE
TITUSVILLE FL 32780**

Mailing Address
**4270 HEMLOCK LANE
TITUSVILLE FL 32780**

3. Date Incorporated or Qualified
08/08/1967

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2861152

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29

Country
25
Country
30

9. Name and Address of Current Registered Agent

**DAYE, LEONARD
4270 HEMLOCK LN
TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Leonard Daye*
Signature is typed or printed name of registered agent and is not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-26-96

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P IANE, NEW
2570 WHITE OAK DR.
TITUSVILLE FL 32780**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V HEINRICHER, STAN
3865 HICKORY HILL BLVD
TITUSVILLE FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T DAYE, LEONARD
4270 HEMLOCK LN
TITUSVILLE FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D YARBROUGH, BOB
4406 HICKORY HILL BLVD
TITUSVILLE FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D BROWN, SUE
3020 MULBERRY DR.
TITUSVILLE FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D OVERTENT, DOUGLAS
2960 KEHLELY ST.
TITUSVILLE FL 32780**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**OVERTENT DOUGLAS
2960 Kehlely St
Titusville FL 32780**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Leonard Daye*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/96 407-267-5351
Date Daytime Phone #

CR2E037 (12/95)