

FILE NOW: FILING FEE IS \$61.25

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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 08/08/1967	
4. FEI Number 59-2861152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE <input type="checkbox"/>
NAME	LANE, NEW	
STREET ADDRESS	2570 WHITE OAK DR.	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	T	DELETE <input type="checkbox"/>
NAME	DAYE, LEONARD	
STREET ADDRESS	4270 HEMLOCK LN	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	DELETE <input checked="" type="checkbox"/>
NAME	YARBROUGH, BOB	
STREET ADDRESS	4406 HICKORY HILL BLVD	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	DELETE <input checked="" type="checkbox"/>
NAME	BROWN, SUE	
STREET ADDRESS	3020 MULBERRY DR.	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	DELETE <input checked="" type="checkbox"/>
NAME	OVERFELT, DOUGLAS	
STREET ADDRESS	2060 KELLEY STREET	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE		DELETE <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
1.2 NAME	RANDY KIRBY		
1.3 STREET ADDRESS	2220 HICKORY LAKE CT		
1.4 CITY-ST-ZIP	TITUSVILLE FL 32780		
2.1 TITLE	Louise Chappell	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	4000 MICHAEL LANE		
2.4 CITY-ST-ZIP	TITUSVILLE FL 32780		
3.1 TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
3.2 NAME	LANE, NEW		
3.3 STREET ADDRESS	2570 WHITE OAK DR		
3.4 CITY-ST-ZIP	TITUSVILLE FL 32780		
4.1 TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
4.2 NAME	LEONARD DAYE		
4.3 STREET ADDRESS	4270 HEMLOCK LN		
4.4 CITY-ST-ZIP	TITUSVILLE FL 32780		
5.1 TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 _____ DATE 4/21/08 407-217-351

CR2E037 (10/97)