

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90003 006 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 713165**

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		2b		08/08/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2861152	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

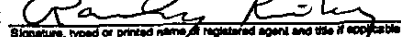
**DAYE, LEONARD**  
**4270 HEMLOCK LN**  
**TITUSVILLE FL 32780**

10. Name and Address of New Registered Agent

81 Name	Randy Kirby
82 Street Address (P.O. Box Number is Not Acceptable)	4220 Hickory Ln CT
83	
84 City	Titusville FL
85 Zip Code	32780

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



(NOTE: Registered Agent signature required when reinstating)

DATE

6-7-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	IANE, NEW	1.2 NAME	Randy Kirby
STREET ADDRESS	2570 WHITE OAK DR.	1.3 STREET ADDRESS	4220 Hickory Ln CT
CITY-ST-ZIP	TITUSVILLE FL 32780	1.4 CITY-ST-ZIP	Titusville FL 32780
TITLE	T	2.1 TITLE	V
NAME	DAYE, LEONARD	2.2 NAME	LEONARD DAYE
STREET ADDRESS	4270 HEMLOCK LN	2.3 STREET ADDRESS	4270 Hemlock Lane
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	Titusville FL 32780
TITLE	D	3.1 TITLE	T
NAME	CHAPPELL, LOUISE	3.2 NAME	Terri Eads
STREET ADDRESS	5680 HICKORY HILL CT	3.3 STREET ADDRESS	4085 Hemlock Lane
CITY-ST-ZIP	TITUSVILLE FL 32780	3.4 CITY-ST-ZIP	Titusville, FL 32780
TITLE	D	4.1 TITLE	D
NAME	NEW, JANE	4.2 NAME	Randy Kirby
STREET ADDRESS	2570 WHITE OAKS DR	4.3 STREET ADDRESS	4220 Hickory Ln CT
CITY-ST-ZIP	TITUSVILLE FL 32780	4.4 CITY-ST-ZIP	Titusville FL 32780
TITLE	T	5.1 TITLE	D
NAME	DAYE, LEONARD	5.2 NAME	Leonard Daye
STREET ADDRESS	4270 HELM OAKS LN	5.3 STREET ADDRESS	4270 Hemlock Ln
CITY-ST-ZIP	TITUSVILLE FL	5.4 CITY-ST-ZIP	Titusville FL 32780
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/99

Date

407 861 7860 WK

Daytime Phone #

CR2E037 (11/88)