

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

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

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

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 21 Suits, Apt. #, etc.	2a. Mailing Address 26 Suits, Apt. #, etc.	3. Date Incorporated or Qualified 08/08/1967
22 City & State	27 City & State	4. FEI Number 59-2861152
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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 Lk 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: *Randy Kirby* DATE: **6-7-99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P NAME: IANE, NEW STREET ADDRESS: 2570 WHITE OAK DR. CITY-ST-ZIP: TITUSVILLE FL 32780	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: P 1.2 NAME: Randy Kirby 1.3 STREET ADDRESS: 4220 Hickory Lk Ct 1.4 CITY-ST-ZIP: Titusville FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: DAYE, LEONARD STREET ADDRESS: 4270 HEMLOCK LN CITY-ST-ZIP: TITUSVILLE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: V 2.2 NAME: LEONARD DAYE 2.3 STREET ADDRESS: 4270 HEMLOCK LANE 2.4 CITY-ST-ZIP: Titusville FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: CHAPPELL, LOUISE STREET ADDRESS: 5680 HICKORY HILL CT CITY-ST-ZIP: TITUSVILLE FL 32780	<input type="checkbox"/> DELETE	3.1 TITLE: T 3.2 NAME: Terri Eads 3.3 STREET ADDRESS: 4085 HEMLOCK LANE 3.4 CITY-ST-ZIP: Titusville, FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: NEW, JANE STREET ADDRESS: 2570 WHITE OAKS DR CITY-ST-ZIP: TITUSVILLE FL 32780	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: D 4.2 NAME: Randy Kirby 4.3 STREET ADDRESS: 4220 Hickory Lk Ct 4.4 CITY-ST-ZIP: Titusville FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: DAYE, LEONARD STREET ADDRESS: 4270 HELM OAKS LN CITY-ST-ZIP: TITUSVILLE FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE: D 5.2 NAME: LEONARD DAYE 5.3 STREET ADDRESS: 4270 HEMLOCK LN 5.4 CITY-ST-ZIP: Titusville FL 32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *R. Kirby* **SIGNATURE REQUIRED** DATE: **5/5/99** DAYTIME PHONE #: **407 861 7860 WK**

CR2E037 (1/1/88)