

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

06-02-2001 90009 006 \*\*\*\*62.25

002-14

**DOCUMENT # 713165**

1. Entity Name

**HICKORY HILL HOME OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**4220 HICKORY LAKE COURT  
 TITUSVILLE FL 32780**

**4220 HICKORY LAKE COURT  
 TITUSVILLE FL 32780**

**A0072496**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2861152**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIRBY, RANDY  
 4220 HICKORY LK CT  
 TITUSVILLE FL 32780**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete  
 NAME **KIRBY, RANDY**  
 STREET ADDRESS **4220 HICKORY LK CT**  
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☒ Delete  
 NAME **DAYE, LEONARD**  
 STREET ADDRESS **4270 HEMLOCK LANE**  
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **Vice President** ☐ Change ☒ Addition  
 NAME **Chris Szczerba**  
 STREET ADDRESS **2560 White Oak Ln**  
 CITY-ST-ZIP **Titusville FL 32780**

TITLE **D** ☐ Delete  
 NAME **CHAPPELL, LOUISE**  
 STREET ADDRESS **5680 HICKORY HILL CT**  
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☒ Delete  
 NAME **EADS, TERRI**  
 STREET ADDRESS **4085 HEMLOCK LANE**  
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **Treasurer** ☐ Change ☒ Addition  
 NAME **Yvonne Szczerba**  
 STREET ADDRESS **2560 White Oak Ln**  
 CITY-ST-ZIP **Titusville FL 32780**

TITLE **D** ☐ Delete  
 NAME **KIRBY, RANDY**  
 STREET ADDRESS **4220 HICKORY LK CT**  
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☒ Delete  
 NAME **DAYE, LEONARD**  
 STREET ADDRESS **4270 HEMLOCK LN**  
 CITY-ST-ZIP **TITUSVILLE FL 32780**

TITLE **Director** ☐ Change ☒ Addition  
 NAME **Chris Szczerba**  
 STREET ADDRESS **2560 White Oak Ln**  
 CITY-ST-ZIP **Titusville FL 32780**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Randy Kirby*

5/12/01

CR2E037 (10/00)