

FILE NOW: FILING FEE AFTER MAY 1 IS \$185.00 <sup>419-95</sup> <sup>3915</sup> ~~NOT~~ ~~AND~~ ~~FILED~~

**CORPORATION ANNUAL REPORT 1995**

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

95 APR 19 AM 8:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 764074 (1)**

1. Corporation Name  
**HICKORY HOLLOW HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business  
**5575 ALLIGATOR LAKE RD.  
PO BOX 701328  
ST. CLOUD FL 34770**

Mailing Address  
**441 IOWA STREET  
ASHLAND KY 41102  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/08/1982** 3a. Date of Last Report **04/19/1994**

4. FEI Number **59-2883103** Applied For:  Not Applicable

2. Principal Place of Business **21** 2a. Mailing Address **28**

Suite, Apt. #, etc. **22** Suite, Apt. #, etc. **27**

City & State **23** City & State **28**

Zip **24** Country **25** Zip **29** Country **30**

5. Certificate of Status Desired  **\$9.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

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

9. Name and Address of Current Registered Agent

**GRIFFITHS, JANET R.  
5575 ALLIGATOR LAKE RD  
ST CLOUD FL 34770**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PDS</b>
NAME	<b>GRIFFITH, JANET R.</b>
STREET ADDRESS	<b>5575 ALLIGATOR LAKE RD.</b>
CITY-ST-ZIP	<b>ST. CLOUD FL</b>
TITLE	<b>SD</b>
NAME	<b>GRIFFITHS, MORRIS L.</b>
STREET ADDRESS	<b>5575 ALLIGATOR LAKE RD</b>
CITY-ST-ZIP	<b>ST. CLOUD FL</b>
TITLE	<b>D</b>
NAME	<b>ROBINSON, PROCTOR G.</b>
STREET ADDRESS	<b>4195 ALBRITTON ROAD</b>
CITY-ST-ZIP	<b>ST. CLOUD FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, changed, or on an attachment with an address.

SIGNATURE: *Janet R. Griffiths* **4-10-95** **407-87-3463**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #