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Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 764074 (1)
1. Corporation Name
HICKORY HOLLOW HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 5575 ALLIGATOR LAKE RD. PO BOX 701326 ST. CLOUD FL 34770
Mailing Address: 441 IOWA STREET ASHLAND KY 41102-3312 US

3. Date Incorporated or Qualified: 07/08/1982
3a. Date of Last Report: 02/14/1996
4. FEI Number: 59-2883103
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

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 (81-85)
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
 TITLE: PDS DELETE
 NAME: GRIFFITH, JANET R.
 STREET ADDRESS: 5575 ALLIGATOR LAKE RD.
 CITY-ST-ZIP: ST. CLOUD FL
 TITLE: SD DELETE
 NAME: GRIFFITHS, MORRIS L.
 STREET ADDRESS: 5575 ALLIGATOR LAKE RD
 CITY-ST-ZIP: ST. CLOUD FL
 TITLE: D DELETE
 NAME: ROBINSON, PROCTOR G.
 STREET ADDRESS: 4195 ALBRITTON ROAD
 CITY-ST-ZIP: ST. CLOUD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP: Ashland, KY 41102
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change 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 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: 2/27/97 Daytime Phone #: 606/325-8301

CR2E037 (9/96)