

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR - 5 PM 2: 57

DOCUMENT # N07507 (9)

1. Corporation Name
HICKORY HOLLOW RESIDENTS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
**HICKORY HOLLOW MOBILE HOME PARK
CLUB HOUSE
LEESBURG FL 34788
US** **9705 HICKORY HOLLOW ROAD
LOT 52
LEESBURG FL 34788
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/06/1985** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2948765** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

5. Certificate of Status Desired **\$0.75 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

**BROWN, MARGARET
9705 HICKORY HOLLY RD.
LOT 89
LEESBURG FL 34788**

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 *Margaret Brown*
Signature typed or printed name of registered agent and title if applicable.

MAR 26 1995
Date

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KEEHN, JOHN
STREET ADDRESS	9705 HICKORY HOLLOW RD., LOT 74
CITY-ST-ZIP	LEESBURG FL
TITLE	VD
NAME	WHITSON, JEAN
STREET ADDRESS	9705 HICKORY HOLLOW RD., LOT 25
CITY-ST-ZIP	LEESBURG FL
TITLE	VD
NAME	HINES, BERNARD
STREET ADDRESS	9705 HICKORY HOLLOW RD., LOT 101
CITY-ST-ZIP	LEESBURG FL
TITLE	SD
NAME	BROWN, MARGARET
STREET ADDRESS	9705 HICKORY HOLLOW RD., LOT 89
CITY-ST-ZIP	LEESBURG FL
TITLE	TD
NAME	CAUDILL, TOM
STREET ADDRESS	9705 HICKORY HOLLOW RD., LOT 52
CITY-ST-ZIP	LEESBURG FL
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	PD JOHN KEEHN
1.3 STREET ADDRESS	9705 HICKORY Hollow Rd Lot 74
1.4 CITY-ST-ZIP	LEESBURG FL 34788
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD JEAN WHITSON
2.3 STREET ADDRESS	9705 HICKORY Hollow Rd Lot 25
2.4 CITY-ST-ZIP	LEESBURG FL 34788
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VD BETTY QUINN
3.3 STREET ADDRESS	9705 HICKORY Hollow Rd Lot 108
3.4 CITY-ST-ZIP	LEESBURG, FL 34788
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD MARGARET BROWN
4.3 STREET ADDRESS	9705 HICKORY Hollow Rd Lot 89
4.4 CITY-ST-ZIP	LEESBURG FL 34788
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TD TOM CAUDILL
5.3 STREET ADDRESS	9705 HICKORY Hollow Rd Lot 52
5.4 CITY-ST-ZIP	LEESBURG FL 34788
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 110.07(3)(a), 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 addendum.

SIGNATURE: *Tom Caudill*
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR

MAR 26 1995 728830
Date Daytime/Evening