

FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N07507 (9)**  
1. Corporation Name  
**HICKORY HOLLOW RESIDENTS' ASSOCIATION, INC.**



Principal Place of Business <b>HICKORY HOLLOW MOBILE HOME PARK CLUB HOUSE LEESBURG FL 34788 US</b>	Mailing Address <b>9705 HICKORY HOLLOW ROAD LOT 52 LEESBURG FL 34788-9364 US</b>
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3. Date Incorporated or Qualified <b>02/06/1985</b>	3a. Date of Last Report <b>03/01/1996</b>
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21. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> <b>9705 HICKORY HOLLOW ROAD</b>	4. FEI Number <b>59-2948765</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc. <b>27</b> <b>LOT 86</b>	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State <b>28</b> <b>LEESBURG FLA 34788-9364</b>	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip <b>29</b>	Country <b>30</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**BROWN, MARGARET  
9705 HICORY HOLLOW RD  
#89  
LEESBURG FL 34788**

**10. Name and Address of New Registered Agent**

81 Name <b>CLARENCE BURGESS</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>9705 HICKORY HOLLOW ROAD LOT 86</b>
84 City <b>LEESBURG</b>
85 Zip Code <b>FL 34788</b>

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 Clarence Burgess DATE **4/28/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>CANDILL, TOM</b>	
STREET ADDRESS <b>9705 HICKORY HOLLOW RD, #52</b>	
CITY-ST-ZIP <b>LEESBURG FL</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE
NAME <b>LANDRY, ROBERT</b>	
STREET ADDRESS <b>9705 HICORY HOLLOW #21</b>	
CITY-ST-ZIP <b>LEESBURG FL</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE
NAME <b>DYSNRD, HOWARD</b>	
STREET ADDRESS <b>9705 HICKORY HOLLOW RD</b>	
CITY-ST-ZIP <b>LEESBURG FL</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BROWN, MARGARET</b>	
STREET ADDRESS <b>9705 HICKORY HOLLOW RD., LOT 89</b>	
CITY-ST-ZIP <b>LEESBURG FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>BURGESS, CLARENCE</b>	
STREET ADDRESS <b>9705 HICKORY HOLLOW RD, #86</b>	
CITY-ST-ZIP <b>LEESBURG FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>LANDRY ROBERT</b>	
1.3 STREET ADDRESS <b>9705 HICKORY HOLLOW RD # 21</b>	
1.4 CITY-ST-ZIP <b>LEESBURG FLA 34788</b>	
2.1 TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>HOWARD DYSART</b>	
2.3 STREET ADDRESS <b>9705 HICKORY HOLLOW RD # 30</b>	
2.4 CITY-ST-ZIP <b>LEESBURG FL 34788</b>	
3.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>CHAPMAN ROBERT</b>	
3.3 STREET ADDRESS <b>9705 HICKORY HOLLOW RD # 100</b>	
3.4 CITY-ST-ZIP <b>LEESBURG FLA 34788</b>	
4.1 TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>DOROTHY BURGESS</b>	
4.3 STREET ADDRESS <b>9705 HICKORY HOLLOW RD # 21</b>	
4.4 CITY-ST-ZIP <b>LEESBURG FLA 34788</b>	
5.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME <b>BURGESS CLARENCE</b>	
5.3 STREET ADDRESS <b>9705 HICKORY HOLLOW RD # 86</b>	
5.4 CITY-ST-ZIP <b>LEESBURG FLA 34788</b>	
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 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.

CR2E037 (9/96)