

NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90048 021 \*\*\*\*61.25

**DOCUMENT # N07507**

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

|   |   |
|---|---|
| Principal Place of Business<br>HICKORY HOLLOW MOBILE HOME PARK<br>CLUB HOUSE<br>LEESBURG FL 34788<br>US | Mailing Address<br>9705 HICKORY HOLLOW RD.<br>LOT 86<br>LEESBURG FL 34788<br>US |
|---|---|



|                                      |                           |   |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>02/06/1985   |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2948765   |
| City & State<br>23                   | City & State<br>28        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |
| Zip<br>24                            | Country<br>25             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent<br>BURGESS, CLARENCE<br>9705 HICKORY HOLLOW RD.<br>LOT 86<br>LEESBURG FL 34788 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code<br>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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                      |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|---|--|
| TITLE<br>DPT                                    | <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br>BURGESS, CLARENCE                       |  | 1.2 NAME  |  |
| STREET ADDRESS<br>9705 HICKORY HOLLOW RD., #86  |  | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br>LEESBURG FL                      |  | 1.4 CITY-ST-ZIP                                       |  |
| TITLE<br>VD                                     | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>DYSART, HOWARD                          |  | 2.2 NAME  | KENNETH KRAMER   |
| STREET ADDRESS<br>975 HICKORY HOLLOW RD., #35   |  | 2.3 STREET ADDRESS                                    | 9705-90 HICKORY HOLLOW RD.   |
| CITY-ST-ZIP<br>LEESBURG FL                      |  | 2.4 CITY-ST-ZIP                                       | LEESBURG, FL 34788   |
| TITLE<br>VD                                     | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME<br>CHAPMAN, ROBERT                         |  | 3.2 NAME  |  |
| STREET ADDRESS<br>9705 HICKORY HOLLOW RD., #100 |  | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP<br>LEESBURG FL                      |  | 3.4 CITY-ST-ZIP                                       |  |
| TITLE<br>S                                      | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>BURGESS, DOROTHY                        |  | 4.2 NAME  | JANE ALLEN   |
| STREET ADDRESS<br>9705 HICKORY HOLLOW RD., #21  |  | 4.3 STREET ADDRESS                                    | 9705-52 HICKORY HOLLOW RD.   |
| CITY-ST-ZIP<br>LEESBURG FL                      |  | 4.4 CITY-ST-ZIP                                       | LEESBURG, FL 34788   |
| TITLE<br>DPT                                    | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br>BURGESS, CLARENCE                       |  | 5.2 NAME  | BERNHARD NOCH  |
| STREET ADDRESS<br>9705 HICKORY HOLLOW RD, #86   |  | 5.3 STREET ADDRESS                                    | 9705-19 HICKORY HOLLOW RD.   |
| CITY-ST-ZIP<br>LEESBURG FL                      |  | 5.4 CITY-ST-ZIP                                       | LEESBURG, FL 34788   |
| TITLE   | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  | 6.2 NAME  |  |
| STREET ADDRESS                                  |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                                     |  | 6.4 CITY-ST-ZIP                                       |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Bernhard Noch* (BERNHARD NOCH) 4.26.99, 352-787-1623  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)