


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90251 019 ****61.25

DOCUMENT # N07507			
1. Entity Name HICKORY HOLLOW RESIDENTS' ASSOCIATION, INC.			
Principal Place of Business HICKORY HOLLOW MOBILE HOME PARK CLUB HOUSE LEESBURG, FL 34788 US		Mailing Address 9705 HICKORY HOLLOW RD. LOT 105 LEESBURG, FL 34788 US	
2. Principal Place of Business		3. Mailing Address 9705 Hickory Hollow Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Lot 31 MANAGER	
City & State		City & State LEESBURG, FL	
Zip	Country	Zip	Country
34788	USA	34788	USA
5. Certificate of Status Desired <input type="checkbox"/>		01162006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2948765		Applied For Not Applicable	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEGGE, PAUL 9705 HICKORY HOLLOW ROAD, LOT 105 LEESBURG, FL 34788		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
SIGNATURE: <i>Paul Regge Pres. PAUL E. LEGGE</i>		DATE: <i>March 23, 2006</i>	
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P LEGGE, PAUL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEGGE, PAUL	NAME	
STREET ADDRESS	9705 HICKORY HOLLOW ROAD, LOT 105	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 34788	CITY-ST-ZIP	
TITLE	V HINES, JOE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINES, JOE	NAME	
STREET ADDRESS	9705 HICKORY HOLLOW ROAD, LOT 79	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 34788	CITY-ST-ZIP	
TITLE	S STROUT, BETTY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROUT, BETTY	NAME	
STREET ADDRESS	9705 HICKORY HOLLOW ROAD, LOT 94	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 34788	CITY-ST-ZIP	
TITLE	T VANDRIESON, LARRY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDRIESON, LARRY	NAME	
STREET ADDRESS	9705 HICKORY HOLLOW ROAD, LOT 38	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 34788	CITY-ST-ZIP	
TITLE	MGRM HENDERSON, DON <input type="checkbox"/> Delete	TITLE	MGRM KAAMER, TERRY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDERSON, DON	NAME	KAAMER, TERRY
STREET ADDRESS	9705 HICKORY HOLLOW ROAD, LOT 104	STREET ADDRESS	9705 HICKORY HOLLOW RD LOT 54
CITY-ST-ZIP	LEESBURG, FL 34788	CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	MGRM BROWN, DENNIS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DENNIS	NAME	
STREET ADDRESS	9705 HICKORY HOLLOW ROAD, LOT 60	STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 34788	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Paul Regge, President PAUL E. LEGGE</i>		Date: <i>03/23/06</i> Daytime Phone #: <i>352-787-3873</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	