


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90367 016 ****61.25

DOCUMENT # N07507

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



Principal Place of Business
 9705 HICKORY HOLLOW RD, LOT #79
 LEESBURG, FL 34788 US

Mailing Address
 9705 HICKORY HOLLOW RD, LOT #79
 LEESBURG, FL 34788 US

40034140



2. Principal Place of Business, No P.O. Box #
 9705 Hickory Hollow Rd

3. Mailing Address
 9705 Hickory Hollow Rd

Suite, Apt. #, etc.
 Lot #54

Suite, Apt. #, etc.
 Lot #54

01302007 Chg-NP CR2E037 (12/06)

City & State
 Leesburg FL

City & State
 Leesburg FL

Zip
 34788

Country
 USA

Zip
 34788

Country
 USA

4. FEI Number
 59-2948765

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HINES, LAVERN E SR
 9705 HICKORY HOLLOW ROAD, LOT #79
 LEESBURG, FL 34788

7. Name and Address of New Registered Agent

Name
 Betty Kramer

Street Address (P.O. Box Number is Not Acceptable)
 9705 Hickory Hollow Rd

Lot #54

City
 Leesburg FL Zip Code
 34788

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.

SIGNATURE Betty Kramer Betty Kramer

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINES, LAVERN E 9705 HICKORY HOLLOW RD, LOT #79 LEESBURG, FL 34788 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HINES, JOE 9705 HICKORY HOLLOW ROAD, LOT 79 LEESBURG, FL 34788 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STROUT, BETTY 9705 HICKORY HOLLOW ROAD, LOT 94 LEESBURG, FL 34788 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VANDRIESON, LARRY 9705 HICKORY HOLLOW ROAD, LOT 36 LEESBURG, FL 34788 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAAMBR, TERRY 9705 HICKORY HOLLOW RD., LOT 54 LEESBURG, FL 34788 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, DENNIS 9705 HICKORY HOLLOW ROAD, LOT 60 LEESBURG, FL 34788 <input type="checkbox"/> Delete


11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Strout Betty 9705 Hickory Hollow Rd, Lot 94 Leesburg FL 34788 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VanDrieson, Larry 9705 Hickory Hollow Rd, Lot 36 Leesburg, FL 34788 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Brown, Dennis 9705 Hickory Hollow Rd, Lot 60 Leesburg, FL 34788 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Betty Kramer Betty Kramer, Secretary 352-326-5091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N07507 1. Entity Name HICKORY HOLLOW RESIDENTS' ASSOCIATION, INC.		
Principal Place of Business 9705 HICKORY HOLLOW RD, LOT #79 LEESBURG, FL 34788 US		Mailing Address 9705 HICKORY HOLLOW RD, LOT #79 LEESBURG, FL 34788 US
2. Principal Place of Business - No P.O. Box # 9705 Hickory Hollow Rd		3. Mailing Address 9705 Hickory Hollow Rd
Suite, Apt. #, etc. Lot #54		Suite, Apt. #, etc. Lot #54
City & State Leesburg FL		City & State Leesburg FL
Zip 34788	Country USA	4. FEI Number 59-2948765
Zip 34788	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HINES, LAVERN E SR 9705 HICKORY HOLLOW ROAD, LOT #79 LEESBURG, FL 34788		7. Name and Address of New Registered Agent Name Betty Kramer Street Address (P.O. Box Number is Not Acceptable) 9705 Hickory Hollow Rd Lot #54 City Leesburg FL Zip Code 34788
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.		
SIGNATURE <u><i>Betty Kramer</i></u> Betty Kramer <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
 TITLE P NAME HINES, LAVERN E <input type="checkbox"/> Delete STREET ADDRESS 9705 HICKORY HOLLOW RD, LOT #79 CITY-ST-ZIP LEESBURG, FL 34788 	 TITLE V NAME HINES, JOE <input type="checkbox"/> Delete STREET ADDRESS 9705 HICKORY HOLLOW ROAD, LOT 79 CITY-ST-ZIP LEESBURG, FL 34788 	TITLE S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Kramer, Betty STREET ADDRESS 9705 Hickory Hollow Rd, lot 54 CITY-ST-ZIP Leesburg FL 34788
 TITLE S NAME STROUT, BETTY <input type="checkbox"/> Delete STREET ADDRESS 9705 HICKORY HOLLOW ROAD, LOT 94 CITY-ST-ZIP LEESBURG, FL 34788 	 TITLE T NAME VANDRIESON, LARRY <input type="checkbox"/> Delete STREET ADDRESS 9705 HICKORY HOLLOW ROAD, LOT 36 CITY-ST-ZIP LEESBURG, FL 34788 	TITLE T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Milner, Edith STREET ADDRESS 9705 Hickory Hollow Rd, Lot 57 CITY-ST-ZIP Leesburg, FL 34788
 TITLE MGRM NAME KAAMBR, TERRY <input type="checkbox"/> Delete STREET ADDRESS 9705 HICKORY HOLLOW RD., LOT 54 CITY-ST-ZIP LEESBURG, FL 34788 	 TITLE MGRM NAME BROWN, DENNIS <input type="checkbox"/> Delete STREET ADDRESS 9705 HICKORY HOLLOW ROAD, LOT 60 CITY-ST-ZIP LEESBURG, FL 34788 	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Rose, Elizabeth STREET ADDRESS 9705 Hickory Hollow Rd, Lot 23 CITY-ST-ZIP Leesburg, FL 34788
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: <u><i>Betty Kramer</i></u> Betty Kramer, Secretary <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 352-326-5091 <small>Daytime Phone</small>

40034140



01302007 Chg-NP CR2E037 (12/06)