


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90004 037 ****61.25

DOCUMENT # N07507

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



Principal Place of Business
 9705 HICKORY HOLLOW RD
 LOT #54
 LEESBURG, FL 34788 US

Mailing Address
 9705 HICKORY HOLLOW RD
 LOT #54
 LEESBURG, FL 34788 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4. FEI Number
59-2948765

Applied For
 Not Applicable

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

01082008 Chg-NP CR2E037 (12/06)

30090000



6. Name and Address of Current Registered Agent

KRAMER, BETTY
 7705 HICKORY HOLLOW RD
 LOT #54
 LEESBURG, FL 34788

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____
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, 2008

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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROUT, BETTY 9705 HICKORY HOLLOW ROAD, LOT 94 LEESBURG, FL 34788	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDRIESON, LARRY 9705 HICKORY HOLLOW ROAD, LOT 36 LEESBURG, FL 34788	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, DENNIS 9705 HICKORY HOLLOW ROAD, LOT 60 LEESBURG, FL 34788	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Win Webster 9705 Hickory Hollow Rd, Lot 92 Leesburg, FL 34788	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Dale Meyers 9705 Hickory Hollow Rd, Lot 89 Leesburg, FL 34788	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Josephine Caglia 9705 Hickory Hollow Rd, Lot 4 Leesburg, FL 34788	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Betty Kramer 9705 Hickory Hollow Rd, Lot 54 Leesburg, FL 34788	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Edith Milner 9705 Hickory Hollow Rd, Lot 57 Leesburg, FL 34788	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gary Morse 9705 Hickory Hollow Rd, Lot 58 Leesburg, FL 34788	<input type="checkbox"/> Change <input checked="" 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 A Kramer* **Betty A Kramer, Sec.** *3-10-2008* *352-326-5091*

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