FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N13005

(6)

HICKORY PARK TOWNHOUSE OWNERS ASSOCIATION, INC.

THOROTT FARK TOWNHOUSE OWNERS ASSOCIATION, INC.				
Principal Place of Business		Mailing Address		
2714 RUTGERS DRIVE PANAMA CITY FL 32405-0906		2714 RUTGERS DRIVE PANAMA CITY FL 32405-0906		
				3. Date Incorporated or Qualified 3a. Date of Last Report 01/15/1986 02/22/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number Applied For
21 4129	Cherry Lone	26 4129 Che	erry Lane	<b>59-2895290</b> Not Applicable
Suite, Apt. (	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State  23 Panama City FZ 28		City & State	IL FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country Zip			Country	This corporation has liability for intangible tax under s. 199.032,
24 32404 25 29 32404 3			30	Florida Statutes 🔲 Yes 🔼 No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent
			81 Name	
KOLK, J	ACALYN		82 Street	Address (P.O. Box Number is Not Acceptable)
1610 BECK AVENUE				
PANAMA CITY FL 32405				
			84 City	FL 85 Zip Code
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				
12.		ND DIRECTORS	Hegistered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	Change Addition
NAME	GEIL, EARL H.	_	1.2 NAME	Hollister, Ralph
STREET ADDRESS	2714 RUTGERS DR.		1.3 STREET ADDRESS	1416 E. Park Or
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP	Panama City FL 32404
TITLE	VD	☐ DELETE	2 1 TITLE	Change     Addition
NAME	SCHEER, FRED		2.2 NAME	Rives Tina
STREET ADDRESS	6903 HUGH DRIVE		2.3 STREET ADDRESS	Rives, Tina 2044 Cove Blud.
CITY-ST-ZIP	PANAMA CITY FL		2 4 CHTY-ST-ZIP	Panama City FL 32405
TITLE	SD	DELETE	3 1 THLE	S Change ☐ Addition
NAME	ake, shannon		3 2 NAME	Buchanan, Linda D.
STREET ADDRESS	5016 HICKORY ST		3 3 STREET ADDRESS	6040 Howard Rd
CITY - ST - ZtP	PANAMA CITY FL		3.4. CITY-ST-ZIP	Yamma City FL 32404
TITLE	Ţ	DELETE	4.1 TITLE	TD " D Change Addition
NAME	GEIL, PEGGY		4. 2 NAME	Stevens Ellens.
STREET ADDRESS	2714 RUTGERS DRIVE		4.3 STREET ADDRESS	4129 Cherry Ln.
CITY-ST-ZIP	PANAMA CITY FL	Morrette	4.4 CiTY-ST-ZIP	Panama City FL 32404
TITLE NAME		☐ DELETE	5.1 TITLE	// ☐ Change ☐ Addition
			5.2 NAME	
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS	
TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	criange rounion
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	
14. I do hereby	certify that the information supplied	with this filing is voluntarily furnish	ed and does not qua	lify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
certify that oath; that I	the information indicated on this anni	ua) report or supplemental annual oration or the receiver or trustee ei	report is true and acc repowered to execute	curate and that my signature shall have the same legal effect as if made under e this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 5-4-91

5-4-96 904-785-0446
Date Daylime Phone 1