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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N13005**

1. Corporation Name
HICKORY PARK TOWNHOUSE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1416 E PARK DR PANAMA CITY FL 32404 US	1416 E PARK DR PANAMA CITY FL 32404 US

2. Principal Place of Business 21 5010 HICKORY ST.	2a. Mailing Address 26 5010 HICKORY ST.	3. Date Incorporated or Qualifed 01/15/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2895290 ☐ Applied For ☐ Not Applicable
City & State 23 PANAMA CITY FL	City & State 28 PANAMA CITY FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 32404 25 US	Zip / Country 29 32404 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KOLK, JACALYN
1610 BECK AVENUE
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 _____ 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	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	HOLLISTER, RALPH L		1.2 NAME	JOHNSON, SHAUN J.	
STREET ADDRESS	1416 E PARK DR		1.3 STREET ADDRESS	5010 HICKORY ST	
CITY-ST-ZIP	PANAMA CITY FL		1.4 CITY-ST-ZIP	PANAMA CITY FL 32404	
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EBERLY, JOE		2.2 NAME		
STREET ADDRESS	538 ARROW		2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BACHANAN, LINDA		3.2 NAME		
STREET ADDRESS	6040 HOWARD RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DODSON, MARYLOU		4.2 NAME		
STREET ADDRESS	4621 PARK ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED SHAUN J. JOHNSON, PRESIDENT 14 MAR 99 (850) 283-4405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #