2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
04-09-2002 90074 021 ****61.25

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DOCUMENT # N13005

1. Entity Name

HICKORY PARK TOWNHOUSE OWNERS ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2895290 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~KOLK, JACALYN~~ DELETE ~~1610 BESK AVENUE~~ ~~PANAMA CITY FL 32405~~	Name HOLLISTER RALPH L. Street Address (P.O. Box Number is Not Acceptable) 1416 E PARK RD City PANAMA CITY FL Zip Code 32404

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.

SIGNATURE Ralph L Hollister 31 MARCH 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOLLISTER, RALPH L 1416 EAST PARK RD. PANAMA CITY FL 32404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JONES, STEPHEN K 5010 HICKORY ST. PANAMA CITY FL 32404	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUDD CHARLES 528 ARROW ST PANAMA CITY FL 32404 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERLE, LAURIE E 538 AFFRON ST. PANAMA CITY FL 32404	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EBERLE, LAURIE E 538 ARROW ST PANAMA CITY FL 32404 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DODSON, MARYLOU 4621 PARK ST PANAMA CITY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREG FITTS 511 S HWY 22A PANAMA CITY FL 32404 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 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: Ralph L Hollister MD 31 MAR 2002 850 871 4383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #