

FILE NOW: FILING FEE IS \$61.25

FILED

May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N20339 (0)**

1. Corporation Name  
**HICKORY HILL AT HUCKLEBERRY-ONE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>2180 WEST STATE ROAD 434 SUITE 5000 LONGWOOD FL 32779-5044</b>	Mailing Address <b>2180 WEST STATE ROAD 434 SUITE 5000 LONGWOOD FL 32779-5044</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>04/27/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2908590</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HART, JAMES W. JR.  
SENTRY MANAGEMENT, INC  
2180 WEST S.R. 434, SUITE 5000  
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MCFADYEN, JIM</b>	
STREET ADDRESS	<b>853 FERRY LANDING LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>RUTTER, MARC</b>	
STREET ADDRESS	<b>12880 DOWNSTREAM CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>ANUSZKIEWICZ, DIANA</b>	
STREET ADDRESS	<b>12808 LOWER RIVER BLVD</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>GUSHWA, SHARON</b>	
STREET ADDRESS	<b>12849 DOWNSTREAM CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TONER, COLLETTE</b>	
STREET ADDRESS	<b>12888 DOWNSTREAM CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>TD</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VD</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>SD</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE \_\_\_\_\_ DATE **3/14/97**

CR2E037 (9/96)