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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N30672** (2)

1. Corporation Name

**HICKORY HOLLOW UNIT TWO HOMEOWNERS ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 5575 ALLIGATOR LAKE ROAD, P.O. BOX 701326, ST. CLOUD FL 34770  
Mailing Address: ~~441 BVA ST.~~ ~~P.O. BOX 701326~~ Ashland KY 41102 US

3. Date Incorporated or Qualified: 02/13/1989  
3a. Date of Last Report: 05/01/1994  
4. FEI Number: 59-3062140  
Applied For: Not Applicable

2. Principal Place of Business: 21  
2a. Mailing Address: 26 441 Town Street  
22. Suite, Apt. #, etc.: 27  
23. City & State: 28  
24. Zip: 25 Country: 29

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: GRIFFITHS, JANET ROBINSON, 5575 ALLIGATOR LAKE RD, ST. CLOUD FL 34772

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.  
SIGNATURE: *Janet Robinson Griffiths* DATE: 4-10-95

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GRIFFITHS, JANET R.
STREET ADDRESS	5575 ALLIGATOR LAKE ROAD
CITY - ST - ZIP	ST. CLOUD FL
TITLE	D
NAME	GRIFFITHS, MORRIS
STREET ADDRESS	5575 ALLIGATOR LAKE ROAD
CITY - ST - ZIP	ST. CLOUD FL
TITLE	D
NAME	ROBINSON, PROCTOR JR.
STREET ADDRESS	5575 ALLIGATOR LAKE ROAD
CITY - ST - ZIP	ST. CLOUD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Janet Robinson Griffiths* DATE: 4-10-95 SYSTEM NUMBER: 407-937-3463