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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N94000002200

1. Corporation Name  
HICKORY HOLLOW UNIT THREE HOMEOWNERS ASSOCIATION  
, INC.

Principal Place of Business  
5575 ALLIGATOR LAKE RD  
ST CLOUD FL 34769

Mailing Address  
441 IOWA ST  
ASHLAND KY 41102  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/29/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3062140	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HAYES, ROBERT S 441 W VINE ST KISSIMMEE FL 34741				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD ROBINSON GRIFFITHS, JANET	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5575 ALLIGATOR LAKE RD	1.2 NAME	
STREET ADDRESS	ST CLOUD FL 34769	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD GRIFFITHS, MORRIS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5575 ALLIGATOR LAKE RD	2.2 NAME	
STREET ADDRESS	ST CLOUD FL 34769	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD ROBINSON, PROCTOR JR	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4195 ALBRITTON DR	3.2 NAME	
STREET ADDRESS	ASHLAND KY 41102	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4/28/99  
Daytime Phone #: 606-325-8301

CR2E037 (11/98)