

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000005415 (4)**
1. Corporation Name

HICKORY RIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**715 VASSAR ST
ORLANDO FL 32804**

**715 VASSAR ST
ORLANDO FL 32804-4920**

3. Date Incorporated or Qualified
11/01/1994

3a. Date of Last Report
04/02/1996

4. FEI Number
59-3365079

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3210 Dade Avenue
Suite, Apt. #, etc

26 3210 Dade Avenue
Suite, Apt. #, etc

22
City & State

27
City & State

23 Orlando, FL
Zip Country

28 Orlando, FL
Zip Country

24 32804

25 Orange

29 32804

30 Orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROUHIER, CRAIG F
715 VASSAR ST
ORLANDO FL 32804**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
3210 Dade Avenue

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **ROUHIER, CRAIG F**
STREET ADDRESS **715 VASSAR ST**
CITY-ST-ZIP **ORLANDO FL 32804**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **3210 Dade Avenue**

TITLE **D** ☐ DELETE
NAME **SANDERLIN, JOANNE**
STREET ADDRESS **715 VASSAR ST**
CITY-ST-ZIP **ORLANDO FL 32804**

2.1 TITLE **VST** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **3210 Dade Avenue**

TITLE **D** ☐ DELETE
NAME **JONES, LORI P**
STREET ADDRESS **715 VASSAR ST**
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **3210 Dade Avenue**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

CR2E037 (9/96)