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Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005415 (4)

1. Corporation Name

HICKORY RIDGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 3210 DADE AVENUE ORLANDO FL 32804 US	Mailing Address 3210 DADE AVENUE ORLANDO FL 32804 US
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2. Principal Place of Business 21 7130 Hickory BR Cir Suite, Apt. #, etc. 22 City & State 23 Orlando, FL Zip 24 32818 Country 25 ORANGE	2a. Mailing Address 26 7130 Hickory BR Cir Suite, Apt. #, etc. 27 City & State 28 Orlando, FL Zip 29 32818 Country 30 ORANGE
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3. Date Incorporated or Qualified 11/01/1994	4. FEI Number 59-3365079	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent • ROUHER, CRAIG F 3210 DADE AVENUE ORLANDO FL 32804
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10. Name and Address of New Registered Agent 81 Name Dorestine Hendricks 82 Street Address (P.O. Box Number is Not Acceptable) 7130 Hickory BR. Circle 83 84 City ORLANDO FL 85 Zip Code 32818
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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 Dorestine Hendricks Dorestine Hendricks 3/11/98  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROUHER, CRAIG F 3210 DADE AVENUE ORLANDO FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER Dorestine Hendricks 7130 Hickory BR. Cir ORLANDO FL 32818 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SANDERLIN, JOANNE 3210 DADE AVENUE ORLANDO FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT President James People 2803 Ridge Cove CT ORLANDO FL 32818 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, LORI D 3210 DADE AVENUE ORLANDO FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Vice President MARILYN DeLoney 7052 HICKORY BRANCH CIR. ORLANDO FL 32818 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Dorestine Hendricks 3/11/98 (407) 804-6048  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0018278

CR2E037 (10/97)