, FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90062 011 *****70.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N96000002416

HICKORY RUN PROPERTY OWNERS! ASSOCIATION INC

HIGROI	II HUN FROFERIT OWNERS	. A3300IATK	JIN, 1140.						1		
Principal Plan	ce of Business	Mailing Address					• • •		. ,	••	
1950 COURTNEY DRIVE SUITE 207 FORT MYERS FL 33901		1950 COURTNEY DRIVE SUITE 207 FORT MYERS FL 33901				. <u></u>					
2. Principal I	Place of Business	2a. Mailing Add	iress			•	Date Incorporated or Qualific	· od]
21		26					05/06/1996				
Suite, Apt	#, etc.	Suite, Apt.	#, etc.				4. FEI Number		<u> </u>	lied For	
22	· · · · · · · · · · · · · · · · · · ·	27			•		65-0765511			Applicable	
City & Sta	ate .	City & State	e				5. Certifcate of Status Desired	×	\$8.75 A Fee Rec		
Zip	Country	Zip	<u></u>	Country			6. Election Campaign Financin	g 🗆	\$5.00	•	1
24	25	29	30			;	Trust Fund Contribution		Added to	Fees	1
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent				
ţ	The second secon	*.**		81	Name					4	
MAYHUGH, CHARLES E JR.					Street A	Address (P.O. Box Number is Not Acceptable)					
1950 COURTNEY DRIVE				-	20						
SUITE 20)7			83							
FT. MYERS FL 33901				84 City			-	85 Zip Code			
					l			<u> FL</u>		·	l
11Pursuan office or agent. I	t to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligation of the state of the	ons or, Section 617	.usus, Florida	Statutes	·•		ation submits this statement for us board of directors. I hereby acc	cept the appoi	itment as reg	istered	6
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO C	FFICERS AN	D DIRECTOR	RS IN 12	ğ
TITLE	PD		DELETE	1.1 TITLE			. e ft		☐ Change	☐ Addition	Ė
NAME	ZIPPERER, DOUGLAS			1.2 NAME	ļ						2
STREET ADDRESS		207		1.3 STREET	TADORESS .						🖺
CITY-ST-ZIP	FORT MYERS FL 33901			1.4 CITY-S	T-ZIP		·			,	E
TITLE	VSTD		DELETE	2.1 TITLE					☐ Change	☐ Addition	١٠
NAME	MAYHUGH, CHARLES E JR.			2.2 NAME	1						1
STREET ADDRESS	The second secon			2.3 STREET ADDRESS							
CiTY-ST-ZIP	FORT MYERS FL 33901			2. 4 CITY-ST-ZIP							
TITLE	D		DELETE	3.1 TITLE				•	Change	☐ Addition	
NAME	MAYHUGH, CATHERINE F	. 55		3.2 NAME							
STREET ADDRESS	1950 COURTNEY DRIVE, SUITE	207	:	3.3 STREET	TADORESS						
CITY-ST-ZIP	FORT MYERS FL 33901	·		3.4. CITY-S	T-ZIP						
πιΕ	-		DELETE	4.1 TITLE	. 1		•		Change	Addition	
NAME				4. 2 NAME						*	
STREET ADDRESS	s	187		4.3 STREET	TADDRESS		:		7.5		
CITY-ST-ZIP				4.4 CITY-S	T-ZIP						
TITLE			DELETE	5.1 TITLE	T				Change	Addition	

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 copporation 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.

6.4 CITY-ST-ZIP

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition