

FILE NOW: FILING FEE IS \$61.25

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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **748133** (6)
1. Corporation Name
HICKORY HILL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2055 WOOD STREET SUITE 202 SARASOTA FL 34237	Mailing Address 2055 WOOD STREET SUITE 202 SARASOTA FL 34237-7945
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3. Date Incorporated or Qualified 07/19/1979	3a. Date of Last Report 04/17/1996
4. FEI Number 59-1849243	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**PROPERTY & ACCOUNTING MGT. INC
2055 WOOD ST
STE 202
SARASOTA FL 34237**

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
	FL

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	
TITLE	<input type="checkbox"/> DELETE
NAME	D THOMSON, BENNETT
STREET ADDRESS	2401 OLD BRADENTON RD
CITY - ST - ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> DELETE
NAME	PD CHARLES RICHARDS
STREET ADDRESS	3111 57TH ST
CITY - ST - ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD WILLIAMS, ED
STREET ADDRESS	2409C OLD BRADENTON ROAD
CITY - ST - ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> DELETE
NAME	VD ERNEST GIARDANO
STREET ADDRESS	P. O. BOX 2701
CITY - ST - ZIP	SARASOTA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D MCHUGH, MARCO
STREET ADDRESS	3684 COUNTRY PLACE BLVD
CITY - ST - ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	T/D Thomson, Bennett
1.3 STREET ADDRESS	2401 Old Bradenton Rd.
1.4 CITY - ST - ZIP	Sarasota, FL 34230
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 checked="" type="checkbox"/> Addition
5.2 NAME	D Wood, Blanche
5.3 STREET ADDRESS	2927 Riviera Dr.
5.4 CITY - ST - ZIP	Sarasota, FL 34232
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	S/D Swift, Betty
6.3 STREET ADDRESS	2405-G Old Bradenton Rd.
6.4 CITY - ST - ZIP	Sarasota, FL 34230

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.

SIGNATURE: *Edward Williams* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-97: 941-951-1601

CR2E037 (9/96)