

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 **DOCUMENT # 748133**

Corporation Name

HICKORY HILL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2055 WOOD STREET SUITE 202 SARASOTA FL 34237

2055 WOOD STREET SUITE 202 SARASOTA FL 34237

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Zip Code

FILED

04-19-1999 90001 016 \*\*\*\*61.25

Apr 19, 1999 8:00 am § Secretary of State

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2.	Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21		26	07/19/1979
رنت	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number Applied For
22	•	27	<b>59-1949243</b> · Not Applicable
	City & State	City & State	5. Certificate of Status Desired   \$8.75 Additional
23		28	5. Certificate of Status Desired Fee Required
	Zip Country	Zip Country	6. Election Campaign Financing \$5.00 May Be
24	25	29 30	Trust Fund Contribution Added to Fees
			10 Name and Address of New Registered Agent

Name and Address of Current Registered Agent

Street Address (P.O. Box Number is Not Acceptable) PROPERTY & ACCOUNTING MGT. INC 82 2055 WOOD ST 83 STE 202 SARASOTA FL 34237 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS V/D ☐ Addition DELETE Change 1.1 TITLE TITLE Bennett, Fred 1.2 NAME NAME BENNETT, FRED 615 S Palm Ave. #6 1.3 STREET ADDRESS STREET ADDRESS 615 S PALM AVE. #6 Sarasota, FL 34236 1.4 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34236 Change **Addition** DELETE Kincaid, Jack 2.1 TITLE TITLE 2415-B Old Bradenton Rd. 22 NAME CHARLES RICHARDS NAME Sarasota, FL 34234 STREET ADDRESS 2.3 STREET ADDRESS 3111 57TH ST SARASOTA FL 2.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change ☐ Addition 3.1 TITLE TITLE TD 3.2 NAME NAME WILLIAMS, ED 3.3 STREET ADDRESS 2409C OLD BRADENTON ROAD STREET ADDRESS 3.4. CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP Change Addition DELETE 4.1 TITLE P/D TITLE 4. 2 NAME MITCHELL, JENNIFER Mitchell, Jennifer NAME 2409-A OLD BRADENTON RD 4.3 STREET ADDRESS STREET ADDRESS 2409-A Old Bradenton Rd. SARASOTA FL 34230 4.4 CITY-ST-ZIP CITY-ST-ZIP <del>Sarasota, FL 34234</del> Addition DELETE ☐ Change 51 TITLE TITLE D 5.2 NAME NAME WOOD, BLANCHE Starr, Irwin 5.3 STREET ADDRESS 2927 RIVERA DR. STREET ADDRESS 5164 Kestral Place Terrace 5.4 CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP arasota, FL 34231 Addition DELETE. 6.1 TITLE ☐ Change TITLE SD 6.2 NAME NAME SWIFT, BETTY 6.3 STREET ADDRESS 2405-G OLD BRANDETON RD. STREET ADDRESS 6.4 CITY-ST-ZIP

SARASOTA FL 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 ress with all other like empowered. Block 12 or Block 13 if changed. on an attachment with an add

SIGNATURE:

CITY-ST-ZIP

7-9-99 941-951-1601

CR2E037 (11/98)