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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 764074 (1)

1. Corporation Name

HICKORY HOLLOW HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

5575 ALLIGATOR LAKE RD.
PO BOX 701326
ST. CLOUD FL 34770

Mailing Address

441 IOWA STREET
ASHLAND KY 41102-3312
US3. Date Incorporated or Qualified
07/08/19823a. Date of Last Report
02/14/1996

4. FEI Number

59-2883103

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIFFITHS, JANET R.
5575 ALLIGATOR LAKE RD
ST CLOUD FL 34770

81 Name

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

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 PDS ☐ DELETENAME GRIFFITH, JANET R.
STREET ADDRESS 5575 ALLIGATOR LAKE RD.
CITY-ST-ZIP ST. CLOUD FL1.1 TITLE ☐ Change ☐ Addition

NAME GRIFFITH, JANET R.

STREET ADDRESS 5575 ALLIGATOR LAKE RD.

CITY-ST-ZIP ST. CLOUD FL

1.2 NAME

TITLE SD ☐ DELETENAME GRIFFITHS, MORRIS L.
STREET ADDRESS 5575 ALLIGATOR LAKE RD
CITY-ST-ZIP ST. CLOUD FL

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME ROBINSON, PROCTOR G.
STREET ADDRESS 4195 ALBRITTON ROAD
CITY-ST-ZIP ST. CLOUD FL2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Ashland, KY 41102

TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP6.1 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97

606/325-8301

CR2E037 (9/96)