FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06963 (5)

1. Corporation Name

SOUTHWOOD HICKORY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O 3641 S.W. 25TH PLACE OCALA FL 34474	C/O 3641 S.W. 25TH PLACE OCALA FL 34474

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1985
3a. Date of Last Report: 01/04/1995
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. 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 24 ___ Country 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

FEENEY, ROBERT M II
3641 S.W. 25TH PLACE
OCALA FL 34474

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FEENEY, ROBERT M
STREET ADDRESS	1920 166 ST. CT. E.
CITY ST ZIP	SPANAWAY WA 98387
TITLE	TM
NAME	FEENEY, ROBERT M II
STREET ADDRESS	3641 S.W. 25TH PLACE
CITY ST ZIP	OCALA FL 34474
TITLE	SD
NAME	MALCOLM, VERGIE
STREET ADDRESS	2809-D S.E. 7TH AVENUE
CITY ST ZIP	OCALA FL 34471
TITLE	VD
NAME	LIVINGSTON, JOHN
STREET ADDRESS	2809-C S.E. 7TH AVENUE
CITY ST ZIP	OCALA FL 34471
TITLE	D
NAME	TAVELLA, FRANK J JR
STREET ADDRESS	3260 S. COMPO RD CABIN 9
CITY ST ZIP	WESTPORT CT 06880
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13.

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY ST ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY ST ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY ST ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY ST ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY ST ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY ST ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert M. Feeney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert M. Feeney, President

Date: 4-23-95

Daytime Phone #: 904-237-7741 / 206-536-2855

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