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May 01 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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 34474C/O 3641 S.W. 25TH PLACE  
OCALA FL 344743. Date Incorporated or Qualified  
01/04/19853a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
NOT APPLICABLEApplied 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE Secretary  
3.2 NAME JUNE M. FEENEY  
3.3 STREET ADDRESS 3641 S.W. 25TH PL.  
3.4 CITY-ST-ZIP Ocala, FL. 344744.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE Director  
5.2 NAME Gary Upham  
5.3 STREET ADDRESS 2819-D S.E. 7TH AVE.  
5.4 CITY-ST-ZIP Ocala, FL. 344716.1 TITLE Director  
6.2 NAME JOHN GALLAGHER  
6.3 STREET ADDRESS 8663 S.E. 12TH CT.  
6.4 CITY-ST-ZIP Ocala, FL. 34480

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  
Robert M. Feeney President 4-24-97 206-536-2855

CP2E037 (9/96)