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Mar 02 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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 C/O 3641 S.W. 25TH PLACE
OCALA FL 34474 Ocala FL 34474

3. Date Incorporated or Qualified

01/04/1985

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
PD
FEENEY, ROBERT M
1920 166 ST. CT. E.
SPANAWAY WA 98387

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
TM
FEENEY, ROBERT M II
3641 S.W. 25TH PLACE
OCALA FL 34474

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
S
FERNEY, JUNE M
3641 S.W. 25TH PL.
OCALA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LIVINGSTON, JOHN
2809-C S.E. 7TH AVENUE
OCALA FL 34471

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
UPHAM, GARY
2819-D S.E. 7TH AVE.
OCALA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
D
GALLAGHER, JOHN
8863 S.E. 12TH CT.
OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 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

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature] 2-24-98 352 237-7741

CR2E037 (10/97)