

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90291 046 \*\*\*\*70.00

**DOCUMENT # N06963**

1. Corporation Name

**SOUTHWOOD HICKORY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

C/O 3641 S.W. 25TH PLACE  
OCALA FL 34474

Mailing Address

C/O 3641 S.W. 25TH PLACE  
OCALA FL 34474



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

3. Date Incorporated or Qualified

01/04/1985

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

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 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 98387

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

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

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

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

TITLE D  
NAME GALLAGHER, JOHN  
STREET ADDRESS 8663 S.E. 12TH CT.  
CITY-ST-ZIP Ocala FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

*Robert M Feeny*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99

Date

253-536-2855

Daytime Phone #

CR2E037 (1/98)