

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90367 016 ****61.25

DOCUMENT # N07507

1. Entity Name
HICKORY HOLLOW RESIDENTS' ASSOCIATION, INC.



Principal Place of Business
9705 HICKORY HOLLOW RD, LOT #79
LEESBURG, FL 34788 US

Mailing Address
9705 HICKORY HOLLOW RD, LOT #79
LEESBURG, FL 34788 US

40034140



2. Principal Place of Business - No P.O. Box #
9705 Hickory Hollow Rd
Suite, Apt. #, etc.
Lot #54

3. Mailing Address
9705 Hickory Hollow Rd
Suite, Apt. #, etc.
Lot #54

01302007 Chg-NP CR2E037 (12/06)

City & State
Leesburg FL
Zip
34788
Country
USA

City & State
Leesburg FL
Zip
34788
Country
USA

4. FEI Number
59-2948765
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HINES, LAVERN E SR
9705 HICKORY HOLLOW ROAD, LOT #79
LEESBURG, FL 34788

7. Name and Address of New Registered Agent

Name
Betty Kramer
Street Address (P.O. Box Number is Not Acceptable)
9705 Hickory Hollow Rd
Lot #54
City
Leesburg FL Zip Code
34788

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Betty Kramer Betty kramer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HINES, LAVERN E
9705 HICKORY HOLLOW RD, LOT #79
LEESBURG, FL 34788 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HINES, JOE
9705 HICKORY HOLLOW ROAD, LOT 79
LEESBURG, FL 34788 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
STROUT, BETTY
9705 HICKORY HOLLOW ROAD, LOT 94
LEESBURG, FL 34788 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
VANDRIESON, LARRY
9705 HICKORY HOLLOW ROAD, LOT 36
LEESBURG, FL 34788 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KAAMBR, TERRY
9705 HICKORY HOLLOW RD., LOT 54
LEESBURG, FL 34788 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BROWN, DENNIS
9705 HICKORY HOLLOW ROAD, LOT 60
LEESBURG, FL 34788 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Strout Betty
9705 Hickory Hollow Rd, Lot 94
Leesburg FL 34788 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VanDrieson, Larry
9705 Hickory Hollow Rd, Lot 36
Leesburg, FL 34788 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D
Brown, Dennis
9705 Hickory Hollow Rd, Lot 60
Leesburg, FL 34788 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betty Kramer Betty Kramer, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-326-5091

Attachment 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07507 1. Entity Name HICKORY HOLLOW RESIDENTS' ASSOCIATION, INC.					
Principal Place of Business 9705 HICKORY HOLLOW RD, LOT #79 LEESBURG, FL 34788 US				Mailing Address 9705 HICKORY HOLLOW RD, LOT #79 LEESBURG, FL 34788 US	
2. Principal Place of Business - No P.O. Box # 9705 Hickory Hollow Rd Suite, Apt. #, etc. Lot #54 City & State Leesburg FL Zip 34788 Country USA		3. Mailing Address 9705 Hickory Hollow Rd Suite, Apt. #, etc. Lot #54 City & State Leesburg FL Zip 34788 Country USA		<div style="font-size: 2em; font-weight: bold;">40034140</div>	
6. Name and Address of Current Registered Agent HINES, LAVERN E SR 9705 HICKORY HOLLOW ROAD, LOT #79 LEESBURG, FL 34788				7. Name and Address of New Registered Agent Name <u>Betty Kramer</u> Street Address (P.O. Box Number is Not Acceptable) <u>9705 Hickory Hollow Rd</u> <u>Lot #54</u> City <u>Leesburg</u> <u>FL</u> Zip Code <u>34788</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Betty Kramer</u> <u>Betty Kramer</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINES, LAVERN E 9705 HICKORY HOLLOW RD, LOT #79 LEESBURG, FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Kramer, Betty 9705 Hickory Hollow Rd, Lot 54 Leesburg FL 34788	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HINES, JOE 9705 HICKORY HOLLOW ROAD, LOT 79 LEESBURG, FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Miller, Edith 9705 Hickory Hollow Rd, Lot 57 Leesburg, FL 34788	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STROUT, BETTY 9705 HICKORY HOLLOW ROAD, LOT 94 LEESBURG, FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rose, Elizabeth 9705 Hickory Hollow Rd, Lot 23 Leesburg, FL 34788	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VANDRIESON, LARRY 9705 HICKORY HOLLOW ROAD, LOT 36 LEESBURG, FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KAAMBR, TERRY 9705 HICKORY HOLLOW RD., LOT 54 LEESBURG, FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, DENNIS 9705 HICKORY HOLLOW ROAD, LOT 60 LEESBURG, FL 34788	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Betty Kramer</u> <u>Betty Kramer, Secretary</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>352-326-5091</u> <small>Daytime Phone</small>	