


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90004 037 \*\*\*\*61.25

<b>DOCUMENT # N07507</b> 1. Entity Name <b>HICKORY HOLLOW RESIDENTS' ASSOCIATION, INC.</b>					
Principal Place of Business 9705 HICKORY HOLLOW RD LOT #54 LEESBURG, FL 34788 US			Mailing Address 9705 HICKORY HOLLOW RD LOT #54 LEESBURG, FL 34788 US		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>KRAMER, BETTY</b> <b>7705 HICKORY HOLLOW RD</b> <b>LOT #54</b> <b>LEESBURG, FL 34788</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number <b>59-2948765</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
01082008 Chg-NP CR2E037 (12/06)					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent					
7. Name and Address of New Registered Agent					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE:</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>		<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINES, LAVERN E <input checked="" type="checkbox"/> Delete 9705 HICKORY HOLLOW RD, LOT #79 LEESBURG, FL 34788				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STROUT, BETTY <input checked="" type="checkbox"/> Delete 9705 HICKORY HOLLOW ROAD, LOT 94 LEESBURG, FL 34788				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANDRIESON, LARRY <input checked="" type="checkbox"/> Delete 9705 HICKORY HOLLOW ROAD, LOT 36 LEESBURG, FL 34788				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BROWN, DENNIS <input checked="" type="checkbox"/> Delete 9705 HICKORY HOLLOW ROAD, LOT 60 LEESBURG, FL 34788				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Win Webster 9705 Hickory Hollow Rd, Lot 92 Leesburg, FL 34788				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dale Meyers 9705 Hickory Hollow Rd, Lot 89 Leesburg, FL 34788				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Josephine Ceglia 9705 Hickory Hollow Rd, Lot 4 Leesburg, FL 34788				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Betty Kramer 9705 Hickory Hollow Rd, Lot 54 Leesburg, FL 34788				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Edith Milner 9705 Hickory Hollow Rd, Lot 57 Leesburg, FL 34788				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gary Morse 9705 Hickory Hollow Rd, Lot 58 Leesburg, FL 34788				
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.					
<b>SIGNATURE: Betty A Kramer Betty A Kramer, Sec.</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 3-10-2008 Daytime Phone #: 352-326-5091					