FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N10850** **(8)**

1. Corporation Name
HICKORY LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 5181 TITUSVILLE FL 32783-5181	P. O. BOX 5181 TITUSVILLE FL 32783-5181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/23/1985**
3a. Date of Last Report: **07/06/1994**
4. FEI Number: **59-2548405** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WELLS, ALFRED C
2630 SLASH PINE CT.
TITUSVILLE FL 32780

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ Alfred C. Wells 4-30-95
Signature by one (1) person named as registered agent and title if applicable (NOTE: Registered Agent signature required when name/address) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DRAUS, JIM	12 NAME	
STREET ADDRESS	4200 HEMLOCK LANE	13 STREET ADDRESS	
CITY ST ZIP	TITUSVILLE FL	14 CITY ST ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	HOLLAND, DAVID	22 NAME	
STREET ADDRESS	4210 HEMLOCK LANE	23 STREET ADDRESS	
CITY ST ZIP	TITUSVILLE FL 32780	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WILSON, DOUG	32 NAME	
STREET ADDRESS	4135 HEMLOCK LANE	33 STREET ADDRESS	
CITY ST ZIP	TITUSVILLE FL 32780	34 CITY ST ZIP	
TITLE	TS	41 TITLE	☐ Change ☐ Addition
NAME	WELLS, ALFRED	42 NAME	
STREET ADDRESS	2630 SLASH PINE CT.	43 STREET ADDRESS	
CITY ST ZIP	TITUSVILLE FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CIPOLLETTI, GEORGE	52 NAME	
STREET ADDRESS	4220 HEMLOCK LANE	53 STREET ADDRESS	
CITY ST ZIP	TITUSVILLE FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Alfred C. Wells 4-30-95 407-887-5406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0032498