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**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90017 018 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N93000004630**

1. Corporation Name

**HICKORY POINT PARK ASSOCIATION, INC.**

Principal Place of Business

**107 NORTH LAKE AVE.  
TAVARES FL 32778**

Mailing Address

**107 NORTH LAKE AVE.  
TAVARES FL 32778**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24**

**25**

Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29**

**30**

3. Date Incorporated or Qualified

**10/13/1993**

4. FEI Number  
**59-3209686**

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

**CRAWFORD, JIMMY D**

~~1084 FLAGLER AVE~~

~~LAKE PORT SQUARE PROFESSIONAL OFFICE BLDG~~

~~LEESBURG FL 34748~~

10. Name and Address of New Registered Agent

**81** Name  
(same)

**82** Street Address (P.O. Box Number is Not Acceptable)  
**1009 North 14th Street**

**83**

**84** City **Leesburg** **FL** **85** Zip Code  
**34748**

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

**Jimmy D. Crawford**

**3/10/99**

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 **D** ☐ DELETE  
NAME **DUGGAN, J. R**  
STREET ADDRESS **1029 W. MAGNOLIA ST.**  
CITY-ST-ZIP **LEESBURG FL**

TITLE **D** ☐ DELETE  
NAME **SWARTZ, GENA**  
STREET ADDRESS **1811 MAINE COURT**  
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D** ☐ DELETE  
NAME **MODICA, JIM**  
STREET ADDRESS **P.O. BOX 1090 (N/A)**  
CITY-ST-ZIP **MINNEOLA FL 34755**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE

**SIGNATURE REQUIRED**

Date

Daytime Phone #

CR2E037 (11/98)