


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N42370 (9)					
1. Corporation Name THE OLDE HICKORY VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12661 NEW BRITTANY BLVD FT MYERS FL 33907 US			Mailing Address 12661 NEW BRITTANY BLVD FT MYERS FL 33907 US		



c/o Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, FL 33908 US

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3. Date Incorporated or Qualified 03/04/1991	
4. FEI Number 65-0249838	Applied For <input type="checkbox"/> Not Applicable
Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent STEPHEN, PETER M 12661 NEW BRITTANY BLVD FT MYERS FL 33907		10. Name and Address of New Registered Agent 81. Stilphen, Peter 82. Marquis Management, Inc. 83. 9400 Gladiolus Drive #100 84. Fort Myers, FL 33908 US 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D CIEPLUCH, CAROL	1.1 TITLE	P/D CIEPLUCH, CARL
NAME	14956 HICKORY GREEN CT.	1.2 NAME	
STREET ADDRESS	FORT MYERS FL	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	DP SEGEL, RUTH	2.1 TITLE	D JOHN CAMPBELL
NAME	14900 HICKORY GREEN CT #96	2.2 NAME	14973 HICKORY GREEN CT.
STREET ADDRESS	FORT MYERS FL	2.3 STREET ADDRESS	FT. MYERS, FL 33912
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	DV WADE, ALLAN	3.1 TITLE	D JOHN NESS
NAME	14988 HICKORY GREEN CT	3.2 NAME	14954 HICKORY GREEN CT
STREET ADDRESS	FT MYERS FL	3.3 STREET ADDRESS	FT. MYERS, FL 33912
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	DST KAY, HENRY	4.1 TITLE	
NAME	14937 HICKORY GREEN COURT	4.2 NAME	
STREET ADDRESS	FT MYERS FL	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D RYAN, JAMES	5.1 TITLE	VPTD
NAME	14920 HICKORY GREEN CT	5.2 NAME	
STREET ADDRESS	FT MYERS FL	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D CIEPLUCH, CARL	6.1 TITLE	
NAME	14956 HICKORY GREEN CT	6.2 NAME	
STREET ADDRESS	FT MYERS FL 33912	6.3 STREET ADDRESS	
CITY - ST - ZIP		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 a new address.

SIGNATURE:

Carl C. Ciepluch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Director's Block #

CR2E037 (10/97)