

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90063 029 ****61.25

DOCUMENT # N42370

1. Corporation Name

THE OLDE HICKORY VILLAS CONDOMINIUM ASSOCIATION INC.

Principal Place of Business

Mailing Address

9400 Gladiolus Drive #100
Fort Myers, FL 33908

12650 Whitehall Dr.
Fort Myers, FL 33907

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 12650 Whitehall Dr.

26 12650 Whitehall Dr

03/04/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Fort Myers, FL

28 Fort Myers, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

24 33907

25 Lee

29 33907

30 Lee

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Mark R. Benson

82 Street Address (P.O. Box Number is Not Acceptable)

12650 Whitehall Dr

83

84 City

fort Myers

FL

85 Zip Code
33907

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, 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

Mark R. Benson

2/25/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME Ciepluch, Carl C

STREET ADDRESS 14956 Hickory Green Ct

CITY-ST-ZIP Fort Myers, FL 33912

TITLE VD ☐ DELETE

NAME Ryan, James

STREET ADDRESS 14920 Hickory Green Ct

CITY-ST-ZIP Fort Myers, FL 33912

TITLE STD ☐ DELETE

NAME Wade, Allan

STREET ADDRESS 14988 Hickory Green Ct

CITY-ST-ZIP Fort Myers, FL 33912

TITLE D ☐ DELETE

NAME Campbell, John

STREET ADDRESS 14973 Hickory Green Ct

CITY-ST-ZIP Fort Myers, FL 33912

TITLE D ☐ DELETE

NAME Ness, John

STREET ADDRESS 14954 Hickory Green Ct

CITY-ST-ZIP Fort Myers, FL 33912

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

Date

941-768-1495

Daytime Phone #

CR2E037 (1/98)