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 APR 27 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003478 (5)

1. Corporation Name

THE OLDE HICKORY VERANDAS COMMONS ASSOCIATION II , INC.

Principal Place of Business	Mailing Address
10491 SIX MILE CYPRESS PKWY FORT MYERS FL 33912 US	10491 SIX MILE CYPRESS PKWY FORT MYERS FL 33912 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0432792 ☐ 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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

UPTON, BRUCE
10491 SIX MILE CYPRESS PKWY
STE. 101
FORT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name: BURNS, ALAN R.
82 Street Address (P.O. Box Number is Not Acceptable): 10491 SIX MILE CYPRESS PKWY
83
84 City: FORT MYERS FL 85 Zip Code: 33912

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: [signature] (ALAN R. BURNS) 4/20/95
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	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	MCMURRAY, DARIN	1.2 NAME		
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY	1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	PERSICHILLI, ANTHONY	2.2 NAME	WILSON, JOHN	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY	2.3 STREET ADDRESS	10491 SIX MILE CYPRESS	
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	STD	3.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	UPTON, BRUCE	3.2 NAME	BURNS, ALAN R.	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY	3.3 STREET ADDRESS	10491 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: [signature] (ALAN R. BURNS) 4/20/95 1-813-278-1177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016366