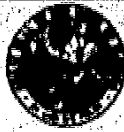


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Moynihan  
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.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

07/30/1993

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

4/20/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME MCMURRAY, DARIN  
STREET ADDRESS 10491 SIX MILE CYPRESS PKWY  
CITY - ST - ZIP FORT MYERS FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE VD  
NAME PERSICILLI, ANTHONY  
STREET ADDRESS 10491 SIX MILE CYPRESS PKWY  
CITY - ST - ZIP FORT MYERS FL

2.1 TITLE VP/D  
2.2 NAME WILSON, JOHN  
2.3 STREET ADDRESS 10491 SIX MILE CYPRESS  
2.4 CITY - ST - ZIP FORT MYERS FL 33912

☒ Change ☐ Addition

TITLE STD  
NAME UPTON, BRUCE  
STREET ADDRESS 10491 SIX MILE CYPRESS PKWY  
CITY - ST - ZIP FORT MYERS FL

3.1 TITLE S/T/D  
3.2 NAME BURNS, ALAN R.  
3.3 STREET ADDRESS 10491 SIX MILE CYPRESS PKWY  
3.4 CITY - ST - ZIP FORT MYERS FL 33912

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(ALAN R. BURNS)

4/20/95

Date

1-813-278-1177

Daytime Phone #