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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000003478 (5)**

1. Corporation Name

THE OLDE HICKORY VERANDAS COMMONS ASSOCIATION II , INC.

Principal Place of Business	Mailing Address
12661 NEW BRITTANY BLVD FORT MYERS FL 33907 US	12661 NEW BRITTANY BLVD FORT MYERS FL 33907 US

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

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

3. Date Incorporated or Qualified: 07/30/1993

4. FEI Number: 65-0385668 ☐ Applied For ☐ Not Applicable

Certificate of Status Desired ☐ **$8.75** Additional Fee Required

Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

24 Zip | 25 County | 29 | 30

9. Name and Address of Current Registered Agent

MARQUIS MANAGEMENT INC
12661 NEW BRITTANY BLVD
FORT 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: Peter Stilphen PETER STILPHEN 3/31/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP LEE, PARSANKO 14981 HICKORY LINKS COURT 1411 FT. MYERS FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HAHANFEID, DARLENE 318 E. SHADY DRIVE PALATINE IL 60067	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MYERS, MARVIN 14981 HICKORY LINKS COURT FORT MYERS FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VPD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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.

SIGNATURE: Lee K. Parsanko 3-26-98