

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90038 037 ****61.25

DOCUMENT # N93000003478

1. Corporation Name

THE OLDE HICKORY VERANDAS COMMONS ASSOCIATION II
, INC.

Principal Place of Business

C/O MARQUIS MANAGEMENT INC
9400 GLADIOLUS DR SUITE 100
FT MYERS FL 33908
US

Mailing Address

C/O MARQUIS MANAGEMENT INC
9400 GLADIOLUS DR SUITE 100
FORT MYERS FL 33908
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

07/30/1993

4. FEI Number

65-0385668

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

9. Name and Address of Current Registered Agent

STILPHEN, PETER
MARQUIS MANAGEMENT INC
9400 GLADIOLUS DR SUITE 100
FORT MYERS FL 33908

10. Name and Address of New Registered Agent

Michael Fleming c/o
Marquis Management Inc.
9400 Gladiolus Dr. #100
Fort Myers, FL 33908

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

TITLE DP
NAME LEE, PARSANKO
STREET ADDRESS 14981 HICKORY LINKS COURT 1411
CITY-ST-ZIP FT. MYERS FL

☒ DELETE

TITLE TD
NAME HAHANFEID, DARLENE
STREET ADDRESS 318 E. SHADY DRIVE
CITY-ST-ZIP PALATINE IL 60067

☒ DELETE

TITLE VPD
NAME MYERS, MARVIN
STREET ADDRESS 14981 HICKORY LINKS COURT
CITY-ST-ZIP FORT MYERS FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

PD
HANSON, DEBRA
14281 HICKORY LINKS CT #1413
FT. MYERS, FL 33912

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

VPD
SEIBERT, JOANNE
14301 HICKORY LINKS CT #1625
FT. MYERS, FL 33912

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

STD
BLANCHARD, ANN
14280 HICKORY LINKS CT #8021
FT. MYERS, FL 33912

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E037 (1/98)

0059192