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CORPORATION ANNUAL REPORT **1995**

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

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DIVISION OF CORPORATIONS
95 APR 12 PM 11:53

DOCUMENT # **N42335** **(2)**

1. Corporation Name

THE OLDE HICKORY VERANDAS CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MARQUIS MANAGEMENT 12563 NEW BRITTANY BLVD FT MYERS FL 33907	C/O MARQUIS MANAGEMENT 12563 NEW BRITTANY BLVD FT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1991
3a. Date of Last Report: 08/26/1994
4. FEI Number: 65-0270013 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
Zip / Country 24 / 25	Zip / Country 29 / 30	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STILPHEN, PETER A 12563 NEW BRITTANY BLVD FORT MYERS FL 33907	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	LOCKER, CLYDE	12 NAME	ROMANO, A.J
STREET ADDRESS	14551 HICKORY HILL CT #126	13 STREET ADDRESS	14541 Hickory Hill Ct #225
CITY-ST-ZIP	FT MYERS FL	14 CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	VPD	21 TITLE	VD ☐ Change ☐ Addition
NAME	ROMANO, ANTHONY	22 NAME	WALDRIP Robert
STREET ADDRESS	14541 HICKORY HILL CT #225	23 STREET ADDRESS	14541 Hickory Hill Ct #212
CITY-ST-ZIP	FT MYERS FL	24 CITY-ST-ZIP	FT MYERS, FL 33912
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	BRIGANTI, ANTHONY	32 NAME	
STREET ADDRESS	14541 HICKORY HILL CT #213	33 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	COOPER, JOAN	42 NAME	
STREET ADDRESS	14551 HICKORY HILL CT #122	43 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	PIACENZA, LOUIS	52 NAME	
STREET ADDRESS	14541 HICKORY HILL CT #224	53 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: J. J. Kinnard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016194