

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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12563 NEW BRITTANY BLVD
FT MYERS FL 33907



3. Date Incorporated or Qualified
02/28/1991

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 12661 NEW BRITTANY BLVD

26 12661 NEW BRITTANY BLVD

4. FEI Number
65-0270013

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24 Zip

Country

29 Zip

Country

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
85 Zip Code

STILPHEN, PETER A. % MARQUIS MGMT
12661 NEW BRITTANY BLVD
FL

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 A. Stilphen* PETER A. STILPHEN

3/27/96

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROMANO, A.J.
STREET ADDRESS 14541 HICKORY HILL CT #225
CITY-ST-ZIP FT MYERS FL ☒ DELETE

1.1 TITLE DV
1.2 NAME CHRISTENSEN, BERNARD
1.3 STREET ADDRESS 14541 HICKORY Hill CT #211
1.4 CITY-ST-ZIP FT. MYERS, FL 33912 ☐ Change ☒ Addition

TITLE VD
NAME WALDROP, ROBERT
STREET ADDRESS 14541 HICKORY HILL COURT #212
CITY-ST-ZIP FT MYERS FL ☐ DELETE

2.1 TITLE D
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SD
NAME BRIGANTI, ANTHONY
STREET ADDRESS 14541 HICKORY HILL CT #213
CITY-ST-ZIP FT MYERS FL ☐ DELETE

3.1 TITLE DP
3.2 NAME
3.3 STREET ADDRESS 14541 HICKORY Hill CT. #225
3.4 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE TD
NAME COOPER, JOAN
STREET ADDRESS 14551 HICKORY HILL CT #122
CITY-ST-ZIP FT MYERS FL ☒ DELETE

4.1 TITLE DST
4.2 NAME SPINOSI, JOHN
4.3 STREET ADDRESS 14531 HICKORY Hill CT #313
4.4 CITY-ST-ZIP Ft. MYERS, FL 33912 ☐ Change ☒ Addition

TITLE D
NAME PIACENZA, LOUIS
STREET ADDRESS 14541 HICKORY HILL CT #224
CITY-ST-ZIP FT MYERS FL ☒ DELETE

5.1 TITLE D
5.2 NAME NIEDERMAN, HOWARD
5.3 STREET ADDRESS 14531 HICKORY Hill CT #311
5.4 CITY-ST-ZIP Ft. MYERS, FL 33912 ☐ 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

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:

Anthony N. Briganti ANTHONY N. BRIGANTI

3/26/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)