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FILED

May 19 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N42335 (2)

1. Corporation Name

THE OLDE HICKORY VERANDAS CONDOMINIUM I ASSOCIAT  
ION, INC.

Principal Place of Business

Mailing Address

12661 NEW BRITTANY BLVD

12661 NEW BRITTANY BLVD

~~12661 NEW BRITTANY BLVD~~

~~12661 NEW BRITTANY BLVD~~

FT MYERS FL 33907

FT MYERS FL 33907-3625

US

US

2. Principal Place of Business

C/O Marquis Management, Inc.

12661 New Brittany Blvd.

Fort Myers, FL 33907

Mailing Address

C/O Marquis Management, Inc.

12661 New Brittany Blvd.

Fort Myers, FL 33907

3. Date Incorporated or Qualified

02/28/1991

3a. Date of Last Report

04/04/1996

4. FEI Number

65-0270013

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

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

STILPHEN, PETER A C/O MA  
12661 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 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 DV ☐ DELETE  
NAME CHRISTENSEN, BERNARD  
STREET ADDRESS 14541 HICKORY HOLL CT #211  
CITY-ST-ZIP FT MYERS FL

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

TITLE DD ☐ DELETE  
NAME BRIGANTI, ANTHONY  
STREET ADDRESS 14541 HICKORY HILL CT #225  
CITY-ST-ZIP FT MYERS FL

TITLE DST ☐ DELETE  
NAME SPINOSI, JOHN  
STREET ADDRESS 14531 HICKORY HILL CT #313  
CITY-ST-ZIP FT MYERS FL

TITLE D ☐ DELETE  
NAME NIEDERMAN, HOWARD  
STREET ADDRESS 14531 HICKORY HILL CT #311  
CITY-ST-ZIP FT MYERS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000-0000

CR2E037 (9/96)