

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42335** (2)

1. Corporation Name

**THE OLDE HICKORY VERANDAS CONDOMINIUM I ASSOCIAT  
ION, INC.**

Principal Place of Business

Mailing Address

C/O MARQUIS MANAGEMENT INC  
12661 NEW BRITTANY BLVD  
FT MYERS FL 33907  
US

C/O MARQUIS MANAGEMENT INC  
12661 NEW BRITTANY BLVD  
FT MYERS FL 33907  
US

3. Date Incorporated or Qualified

**02/28/1991**

4. FEI Number

**65-0270013**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

Election Campaign Financing

☐

**\$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

9. Principal Place of Business

2a. Mailing Address

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

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STILPHEN, PETER A C/O MA  
12661 NEW BRITTANY BLVD  
FORT MYERS FL 33907

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

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	OV	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTENSEN, BERNARD	
STREET ADDRESS	14541 HICKORY HOLL CT #211	
CITY - ST - ZIP	FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALDROP, ROBERT	
STREET ADDRESS	14541 HICKORY HILL COURT #212	
CITY - ST - ZIP	FT MYERS FL	
TITLE	DO	<input checked="" type="checkbox"/> DELETE
NAME	BRIGANTI, ANTHONY	
STREET ADDRESS	14541 HICKORY HILL CT #225	
CITY - ST - ZIP	FT MYERS FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	SPINOSI, JOHN	
STREET ADDRESS	14531 HICKORY HILL CT #313	
CITY - ST - ZIP	FT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NIEDERMAN, HOWARD	
STREET ADDRESS	14531 HICKORY HILL CT #311	
CITY - ST - ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ST/D BARBARA RUBINSTEIN
3.3 STREET ADDRESS	14521 HICKORY HILL CT #412
3.4 CITY - ST - ZIP	FT. MYERS, FL 33912
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P/D
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VP/D
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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:

*John W. Spinosi*

CR2E037 (10/97)