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**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90101 035 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N42335**

1. Corporation Name

**THE OLDE HICKORY VERANDAS CONDOMINIUM I ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

9400 GLADIOLUS DR  
 100  
 FT MYERS FL 33908  
 US

9400 GLADIOLUS DR  
 100  
 FT MYERS FL 33908  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

02/28/1991

22 City & State

27 City & State

4. FEI Number

Applied For  
 Not Applicable

65-0270013

23 Zip

Country

28 Zip

Country

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

10. Name and Address of New Registered Agent

MARQUIS MANAGEMENT  
 9400 GLADIOLUS DR  
 100  
 FORT MYERS FL 33908

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

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 STD ☐ DELETE  
 NAME RUBINSTEIN, BARBARA  
 STREET ADDRESS 14521 HICKORY HILL CT, 412  
 CITY-ST-ZIP FT MYERS FL 33912

1.1 TITLE ☒ Change ☐ Addition  
 1.2 NAME RUBINSTEIN  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☒ Addition  
 2.2 NAME WHITE, JOHN  
 2.3 STREET ADDRESS 14531 HICKORY HILL CT #113  
 2.4 CITY-ST-ZIP FT. MYERS, FL 33912

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

3.1 TITLE ☒ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99  
 Date

561-2423  
 Daytime Phone #

CR2E037 (11/98)