

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90477 048 ****61.25

DOCUMENT # N42335

1. Entity Name

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

Principal Place of Business

**9411 CYPRESS LAKE DRIVE
 STE 2
 FORT MYERS FL 33919
 US**

Mailing Address

**9411 CYPRESS LAKE DRIVE
 STE 2
 FORT MYERS FL 33919
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0270013

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**W.W. SCHOO MANAGEMENT, INC.
 9411 CYPRESS LAKE DRIVE
 STE 2
 FORT MYERS FL 33919**

Name

Bryan Cruz
 Street Address (P.O. Box Number is Not Acceptable)

C/O Schoo Management, Inc.

9411-2 Cypress Lake Drive

City

Fort Myers

FL

Zip Code

33919

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Bryan Cruz, CAM 4/30/02

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** ☐ Delete
 NAME **YARMON, PATRICIA**
 STREET ADDRESS **14451 HICKORY HILL #116**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE **S/D** ☒ Change ☐ Addition
 NAME **DE Yarmon, Patricia**
 STREET ADDRESS **14451 Hickory Hill Court #116**
 CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE **VPD** ☐ Delete
 NAME **WHITE, JOHN**
 STREET ADDRESS **14551 HICKORY HILL CT 113**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE **T/D** ☐ Change ☒ Addition
 NAME **Lowenstine, Don**
 STREET ADDRESS **14551 Hickory Hill Court #114**
 CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE **PD** ☒ Delete
 NAME **NIEDERMAN, HOWARD**
 STREET ADDRESS **14531 HICKORY HILL CT #311**
 CITY-ST-ZIP **FT MYERS FL**

TITLE **P/D** ☐ Change ☒ Addition
 NAME **Walker, Jim**
 STREET ADDRESS **14551 Hickory Hill Court #115**
 CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Christensen, Floss**
 STREET ADDRESS **14541 Hickory Hill Court #211**
 CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)