
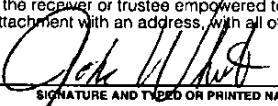


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90128 033 ****61.25

DOCUMENT # N42335 1. Entity Name THE OLDE HICKORY VERANDAS CONDOMINIUM I ASSOCIATION, 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			
Zip	Country	Zip	Country	4. FEI Number 65-0270013	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> \$8.75 Additional Not Applicable Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRUZ, BRYAN C/O SCHOO MANGEMENT INC 9411 CYPRESS LAKE DRIVE STE 2 FORT MYERS, FL 33919			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE YARMON, PATRICIA 14451 HICKORY HILL COURT # 116 FT MYERS, FL 33912 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHITE, JOHN 14551 HICKORY HILL CT 113 FT MYERS, FL 33912 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOWENSTINE, DON 14451 HICKORY HILL COURT # 114 FORT MYERS, FL 33912 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Don Lowenstine 14451 Hickory Hill Ct #114 Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, JIM 14451 HICKORY HILL COURT # 115 FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Norm Jacobsen 14531 Hickory Hill Ct #326 Fort Myers, FL 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTENSEN, FLOSS 14451 HICKORY HILL COURT # 211 FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Egler 18704 Hilltop Drive Riverview, MI 48192 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAUN, EDWARD 14521 HICKORY HILL CT # 416 FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 all other like empowered.					
SIGNATURE: 			4-21-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		