2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008
Secretary of State

DOCUMENT# N42336

Entity Name: OLDE HICKORY SINGLE FAMILY II HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9081 OLDE HICKORY CIRCLE
FT. MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

9081 OLDE HICKORY CIRCLE
FT. MYERS, FL 33912 US

New Mailing Address:

FEI Number: 65-0248952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAWRENCE, JAMES C PRES
9081 OLDE HICKORY CIRCLE
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P/D	( ) Delete
Name:	LAWRENCE, JAMES C P	
Address:	9081 OLDE HICKORY CIRCLE	
City-St-Zip:	FT MYERS, FL 33912	
Title:	V/D	( ) Delete
Name:	WESSBERG, MONTE V	
Address:	9471 OLDE HICKORY CIRCLE	
City-St-Zip:	FT MYERS, FL 33912	
Title:	T/D	( ) Delete
Name:	SEIBERT, JOANNE T	
Address:	9341 WHITE HICKORY LANE	
City-St-Zip:	FT MYERS, FL 33912 US	
Title:	S/D	( ) Delete
Name:	VINCIGUERRA, JOHN S	
Address:	9301 OLDE HICKORY CIRCLE	
City-St-Zip:	FT MYERS, FL 33912	
Title:	D	(X) Delete
Name:	ZIAREK, CARLYN D	
Address:	9191 OLDE HICKORY CIRCLE	
City-St-Zip:	FT MYERS, FL 33912	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V/D	(X) Change ( ) Addition
Name:	ZIAREK, CARLYN V	
Address:	9191 OLDE HICKORY CIRCLE	
City-St-Zip:	FT MYERS, FL 33912	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES C LAWRENCE III PRES 03/19/2008

Electronic Signature of Signing Officer or Director — Date