

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42336

FILED  
Jan 05, 2012  
Secretary of State

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

**Current Principal Place of Business:**

9171 OLDE HICKORY CIRCLE  
FT. MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

9171 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:**

SHEPPARD, ROBERT C PRES  
9171 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  
Name: SHEPPARD, ROBERT C PRESIDE  
Address: 9171 OLDE HICKORY CIRCLE  
City-St-Zip: FT MYERS, FL 33912

Title: V/D  
Name: ZIAREK, CARLYN VP  
Address: 9191 OLDE HICKORY CIRCLE  
City-St-Zip: FT MYERS, FL 33912

Title: T/D  
Name: SEIBERT, JOANNE T  
Address: 9341 WHITE HICKORY LANE  
City-St-Zip: FT MYERS, FL 33912 US

Title: S/D  
Name: WATT, DONALD S  
Address: 9311 OLDE HICKORY CIRCLE  
City-St-Zip: FT MYERS, FL 33912

I hereby 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 all other like empowered.

SIGNATURE: ROBERT C. SHEPPARD

PRES

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date