

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42338

FILED  
Mar 04, 2012  
Secretary of State

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

**Current Principal Place of Business:**

14611 OLDE HICKORY BLVD.  
FT. MYERS, FL 33912 US

**New Principal Place of Business:**

14481 OLDE HICKORY BLVD.  
FT. MYERS, FL 33912 US

**Current Mailing Address:**

14611 OLDE HICKORY BLVD.  
FT. MYERS, FL 33912 US

**New Mailing Address:**

14481 OLDE HICKORY BLVD.  
FT. MYERS, FL 33912 US

FEI Number: 65-0248953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

UTLEY, RICHARD T  
14611 OLDE HICKORY BLVD.  
FT MYERS, FL 33912 US

**Name and Address of New Registered Agent:**

MADDEN, JAMES E  
14481 OLDE HICKORY BLVD.  
FT MYERS, FL 33912 US

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: JAMES E. MADDEN

03/04/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BALLANTONE, MARIANNA  
Address: 14631 OLD HICKORY BLVD  
City-St-Zip: FT MYERS, FL 33912

Title: VPD  
Name: DAVIDSON, GRACE  
Address: 14520 OLD HICKORY BLVD  
City-St-Zip: FORT MYERS, FL 33912

Title: STD  
Name: MADDEN, JAMES E  
Address: 14481 OLDE HICKARY BLVD  
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: JAMES E MADDEN

STD

03/04/2012

Electronic Signature of Signing Officer or Director

Date