

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90460 037 \*\*\*\*61.25

**DOCUMENT # N42339**

1. Entity Name  
**THE OLDE HICKORY VERANDAS COMMONS  
ASSOCIATION, INC.**



Principal Place of Business  
**C/O BENSON'S, INC.  
12650 WHITEHALL DR  
FORT MYERS, FL 33907 US**

Mailing Address  
**C/O BENSON'S, INC.  
12650 WHITEHALL DR  
FORT MYERS, FL 33907 US**

00032072



2. Principal Place of Business  
*c/o P's M Property Mgt*  
Suite, Apt. #, etc.  
*15660 San Carlos Blvd. #40*  
City & State  
*Fort Myers FL*  
Zip  
*33908* Country  
*USA*

3. Mailing Address  
*c/o P's M Property Mgt*  
Suite, Apt. #, etc.  
*15660 San Carlos Blvd. #40*  
City & State  
*Fort Myers FL*  
Zip  
*33908* Country  
*USA*

04112006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**65-0248703**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  
**BENSON, MARK R  
12650 WHITEHALL DR  
FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent  
Name  
*Paul L Sapp*  
Street Address (P.O. Box Number is Not Acceptable)  
*c/o P's M Property Management*  
*15660 San Carlos Blvd. #40*  
City  
*Fort Myers* FL Zip Code  
*33908*

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 *Paul L Sapp* DATE *4/26/06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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	VPD DEYARMON, PAT 14551 HICKORY HILL CT FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DON LOWENSTINE c/o P's M Property Mgt 15660 San Carlos Blvd. #40 Fort Myers FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HUGHES, JOHN 14510 HICKORY HILL CT #725 FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Edmond Braun c/o P's M Property Mgt 15660 San Carlos Blvd. #40 Fort Myers FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERALDI, JAMES 14510 HICKORY HILL CT #711 FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVE JERSON c/o P's M Property Mgt 15660 San Carlos Blvd. #40 Fort Myers FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Cora Davies c/o P's M Property Mgt 15660 San Carlos Blvd. #40 Fort Myers FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	W WIKI, Smith c/o P's M Property Mgt 15660 San Carlos Blvd. #40 Fort Myers FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 exemptions contained 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 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: *[Signature]* DATE *4/26/06* DAYTIME PHONE # *339 481-1577*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR