

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90082 014 ****61.25

DOCUMENT # N42339

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

Principal Place of Business
**C/O P&M PROPERTY MGMT
15660 SAN CARLOS BLVD SUITE 40
FORT MYERS, FL 33908 US**

Mailing Address
**C/O P&M PROPERTY MGMT
15660 SAN CARLOS BLVD SUITE 40
FORT MYERS, FL 33908 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

40010000



**P & M Property Management
14360 So. Tamiami Trail, Unit B
Fort Myers, Florida 33912**

**P & M Property Management
14360 So. Tamiami Trail, Unit B
Fort Myers, Florida 33912**

22007 Chg-NP CR2E037 (12/06)

1 Number
5-0248703

Applied For
☐ Not Applicable

Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAPP, PAUL L
C/O P&M PROPERTY MGMT
15660 SAN CARLOS BLVD SUITE 40
FORT MYERS, FL 33908**

7. Name and Address of New Registered Agent

Name **Paul Sapp**
**P & M Property Management
14360 So. Tamiami Trail, Unit B
Fort Myers, Florida 33912**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent obligations of registered agent.

I am familiar with, and accept

SIGNATURE **Paul L Sapp**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-20-07

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE **P** ☐ Delete
NAME **LOWENSTINE, DON**
STREET ADDRESS **15660 SAN CARLOS BLVD SUITE 40**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **T** ☐ Delete
NAME **BROWN, EDWARD**
STREET ADDRESS **15660 SAN CARLOS BLVD SUITE 40**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **S** ☐ Delete
NAME **JEASON, DAVE**
STREET ADDRESS **15660 SAN CARLOS BLVD SUITE 40**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **P** ☐ Delete
NAME **DAVIES, CARA**
STREET ADDRESS **15660 SAN CARLOS BLVD SUITE 40**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE **VP** ☐ Delete
NAME **SMITH, NIKKI**
STREET ADDRESS **15660 SAN CARLOS BLVD SUITE 40**
CITY-ST-ZIP **FORT MYERS, FL 33908**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **14360 S. Tamiami Trail, #B**
CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **14360 S. Tamiami Trail, #B**
CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE ☒ Change ☐ Addition
NAME **Secretary**
STREET ADDRESS **DAVE Jeason**
CITY-ST-ZIP **14360 S. Tamiami Trail, #B**
Fort Myers, FL 33912

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **14360 S. Tamiami Trail, #B**
CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **14360 S. Tamiami Trail, #B**
CITY-ST-ZIP **Fort Myers, FL 33912**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **J.D. Jeason**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/07 (239) 768-1690
DATE Daytime Phone #