


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90350 034 \*\*\*\*61.25

<b>DOCUMENT # N42370</b>		
1. Entity Name <b>THE OLDE HICKORY VILLAS CONDOMINIUM ASSOCIATION, INC.</b>		

Principal Place of Business <b>12650 WHITEHALL DR FT MYERS, FL 33907 US</b>	Mailing Address <b>12650 WHITEHALL DR FT MYERS, FL 33907 US</b>
--	--

2. Principal Place of Business <b>P &amp; M Property Mang.</b>	3. Mailing Address <b>P &amp; M Property Manage</b>
Suite, Apt. #, etc. <b>15660 San Carlos Blvd</b>	Suite, Apt. #, etc. <b>15660 San Carlos Blvd</b>
City & State <b>Ft. Myers, FL 33908 #40</b>	City & State <b>Ft. Myers, FL 33908 #40</b>
Zip <b>33908</b>	Country <b>LEE</b>



03172006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-0249838</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

6. Name and Address of Current Registered Agent <b>BENSON, MARK R 12650 WHITEHALL DR FT MYERS, FL 33907</b>		7. Name and Address of New Registered Agent Name <b>Paul Sapp</b> Street Address (P.O. Box Number is Not Acceptable) <b>15660 SanCarlos Blvd. #40</b> <b>P &amp; M Property Management</b> City <b>Ft. Myers</b> <b>FL</b> Zip Code <b>33908</b>	
--	--	---	--

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 Sapp* (NOTE: Registered Agent signature required when reinstating) DATE 4/25/06

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D ABRAMOFF, PETER 14939 HICKORY GREEN CT. FORT MYERS, FL 33912</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD BOCKBRADER, ROBERT 14972 HICKORY GREENS CT FORT MYERS, FL 33912</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD GEALL, DOROTHY 14979 HICKORY GREENS CT FT MYERS, FL 33912</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD WILLWERTH, THOMAS R JR 14978 HICKORY GREENS CT FT MYERS, FL 33912</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD MARTIN, RICHARD 14949 HICKORY GREEN CT FT MYERS, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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: *Dorothy Geall* Apr 13/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #