

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-23-2007 90082 021 \*\*\*\*61.25

40073000



01122007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N42370</b> 1. Entity Name <b>THE OLDE HICKORY VILLAS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>P&amp;M PROPERTY MANG</b> <b>15660 SAN CARLOS BLVD</b> <b>FORT MYERS, FL 33908 US</b>			Mailing Address <b>P&amp;M PROPERTY MANG</b> <b>15660 SAN CARLOS BLVD</b> <b>FORT MYERS, FL 33908 US</b>		
2. Principal Place of Business - No P.O. Box # <b>P + m Property Management</b> Suite, Apt. #, etc. <b>14360 S. Tamiami Trail #B</b>		3. Mailing Address <b>P + m Property Management</b> Suite, Apt. #, etc. <b>14360 S. Tamiami Trail #B</b>			
City & State <b>Fort Myers, FL</b>		City & State <b>Fort Myers, FL</b>		4. FEI Number <b>65-0249838</b>	
Zip <b>33912</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SAPP, PAUL</b> <b>15660 SAN CARLOS BLVD #0</b> <b>FORT MYERS, FL 33908</b>				7. Name and Address of New Registered Agent Name <b>Paul Sapp</b> <b>P &amp; M Property Management</b> <b>14360 So. Tamiami Trail, Unit B</b> <b>Fort Myers, Florida 33912</b>	
8. The above named entity submits this statement for the purpose of changing its registered agent. Signature: <u><i>Paul Sapp</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4-22-07</u>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		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	D ABRAMOFF, PETER 14939 HICKORY GREEN CT. FORT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT Peter Abramoff
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOCKBRADER, ROBERT 14972 HICKORY GREENS CT FORT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEALL, DOROTHY 14979 HICKORY GREENS CT FT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLWERTH, THOMAS R JR 14978 HICKORY GREENS CT FT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTIN, RICHARD 14949 HICKORY GREEN CT FT MYERS, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Joe Pash
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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	Director Gene Enoch
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" 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 or without other like empowered.					
SIGNATURE: <u><i>Robert Bockbrader</i></u> 4-12-07					