

ANNUAL REPORT

DOCUMENT # N46947

1. Entity Name
OLDE HICKORY SINGLE FAMILY III HOMEOWNERS
ASSOCIATION, INC.



FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90401 047 ****61.25

Principal Place of Business
14360 HICKORY FAIRWAY CT
FT. MYERS, FL 33912 US

Mailing Address
14360 HICKORY FAIRWAY CT
FT. MYERS, FL 33912 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302006

Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0313108

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARCHUNAS, NANCY CAROLYN GAYLOR
9310 WHITE HICKORY LN 14340 Hickory Fairway CT
WEST PALM BEACH, FL 33412 FORT MYERS, FL
33912

Name CAROLYN GAYLOR

Street Address (P.O. Box Number is Not Acceptable)

14340 HICKORY FAIRWAY CT

City

FORT MYERS

FL

Zip Code

33912

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

NANCY KARCHUNAS Carolyn Gaylor

9/30/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE PD ☐ Delete
NAME BLOEDEL, ROBERT
STREET ADDRESS 14360 HICKORY FAIRWAY CT
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE VPD ☒ Delete
NAME GIBBS, JAMES
STREET ADDRESS 14370 HICKORY FAIRWAY CT.
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE ST ☒ Delete
NAME KARCHUNAS, NANCY
STREET ADDRESS 9310 WHITE HICKORY LN
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE SANDRA LUREY - VP ☐ Change ☒ Addition
NAME
STREET ADDRESS 9370 WHITE HICKORY LANE
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE CAROLYN GAYLOR - ST ☐ Change ☒ Addition
NAME
STREET ADDRESS 14340 HICKORY FAIRWAY CT
CITY-ST-ZIP FORT MYERS, FL 33912

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

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

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:

Robert Bloedel - Pres