# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48810 (8)

1. Corporation Name

THE OLDE HICKORY VERANDAS CONDOMINIUM II ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| %CROSS & ASSOC<br>14742 WESTPORT DR<br>FT MYERS FL 33912<br>US<br>c/o MARQUIS Mgmt | C/O MARQUIS MGMT.. INC.<br>12563 NEW BRITTANY BLVD.<br>FT. MYERS FL 33907 |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 12661 NEW BRITTANY Blvd | 26 12661 NEW BRITTANY BLVD |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: Ft. MYERS, FL | 28 City & State |
| 24 Zip: 33907 25 Country: U.S.A. | 29 Zip 30 Country: U.S.A. |

| | |
|---|---|
| 3. Date Incorporated or Qualified: 05/07/1992 | 3a. Date of Last Report: 04/20/1995 |
| 4. FEI Number: 65-0334646 | ☐ Applied For ☐ Not Applicable |
| 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No | |

**9. Name and Address of Current Registered Agent**

STILPHEN, PETER A
12563 NEW BRITTANY BLVD.
FT MYERS FL 33907

**10. Name and Address of New Registered Agent**

81 Name: STILPHEN, PETER A. c/o MARQUIS Mgmt
82 Street Address (P.O. Box Number is Not Acceptable): 12661 NEW BRITTANY BLVD
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] PETER A STILPHEN 3/22/96
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent's signature required when filing) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☒ DELETE | 1.1 TITLE | DP | ☐ Change ☒ Addition |
| NAME | HART, DALE | | 1.2 NAME | MCGANN, ALBERT | |
| STREET ADDRESS | 14511 HICKORY HILL CT. #516 | | 1.3 STREET ADDRESS | 14511 Hickory Hill ct #522 | |
| CITY-ST-ZIP | FT MYERS FL 33912 | | 1.4 CITY-ST-ZIP | Ft. MyERS, FL 33912 | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | DST | ☐ Change ☐ Addition |
| NAME | GARLING, JOHN | | 2.2 NAME | | |
| STREET ADDRESS | 14501 HICKORY HILL CT. #622 | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT MYERS FL 33912 | | 2.4 CITY-ST-ZIP | | |
| TITLE | STD | ☒ DELETE | 3.1 TITLE | DV | ☐ Change ☒ Addition |
| NAME | HULLINGER, ED | | 3.2 NAME | Simpson, JAMES | |
| STREET ADDRESS | 14510 HICKORY HILL CT. #725 | | 3.3 STREET ADDRESS | 14501 Hickory Hill ct. #616 | |
| CITY-ST-ZIP | FORT MYERS FL 33907 | | 3.4 CITY-ST-ZIP | Ft. myers, FL 33912 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

**SIGNATURE:** [signature] John Garling 3/22/96 939-3461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #