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Apr 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 ASSOCIA
TION, INC.

Principal Place of Business

Mailing Address

C/O MARQUIS MGMT
12661 NEW BRITTANY BLVD
FT MYERS FL 33907
US

12661 NEW BRITTANY BLVD
~~12661 NEW BRITTANY BLVD~~
FT MYERS FL 33907-3625
US

3. Date Incorporated or Qualified
05/07/1992

3a. Date of Last Report
04/02/1996

2. Principal Place of Business

2a. Mailing Address

21

26

12661 NEW BRITTANY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

FORT MYERS, FL

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

33907

30

US

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

10. Name and Address of New Registered Agent

STILPHEN, PETER A C/O MA
12661 NEW BRITTANY BLVD
FT MYERS FL 33907

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME MCGANN, ALBERT
STREET ADDRESS 14511 HICKORY HILL CT #522
CITY-ST-ZIP FT MYERS FL

DELETE

1.1 TITLE PP
1.2 NAME CARTER, ROBERT
1.3 STREET ADDRESS 14511 HICKORY HILL CT #511
1.4 CITY-ST-ZIP FORT MYERS, FL 33912

Change Addition

TITLE VD
NAME GARLING, JOHN
STREET ADDRESS 14501 HICKORY HILL CT. #622
CITY-ST-ZIP FT MYERS FL 33912

DELETE

2.1 TITLE STD
2.2 NAME DAVIES DON
2.3 STREET ADDRESS 14511 HICKORY HILL CT. #514
2.4 CITY-ST-ZIP FORT MYERS, FL 33912

Change Addition

TITLE DV
NAME SIMPSON, JAMES
STREET ADDRESS 14501 HICKORY HILL CT #616
CITY-ST-ZIP FT MYERS FL

DELETE

3.1 TITLE DVP
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # OVERSEAS

939-3461

CR2E037 (9/96)