


4-22-98 B 5327 C  
FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 22 1998 8:00am  
Secretary of State

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|---|--|--|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b>   |  | <br>FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # N48810 (8)</b>  |  |  |  |
| 1. Corporation Name<br><b>THE OLDE HICKORY VERANDAS CONDOMINIUM II ASSOCIATION, INC.</b>                        |  |  |  |
| Principal Place of Business<br><b>C/O MARQUIS MGMT<br/>12661 NEW BRITTANY BLVD<br/>FT MYERS FL 33907<br/>US</b> |  | Mailing Address<br><b>12661 NEW BRITTANY BLVD.<br/>FT. MYERS FL 33907<br/>US</b>   |  |



c/o Marquis Management, Inc.  
9400 Gladiolus Drive #100  
Fort Myers, FL 33908 US

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Fort Myers, FL 33908 US

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>05/07/1992</b>  |  |
| 4. FEI Number<br><b>65-0334646</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                       |  |
| This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |    |   |    |
|--|----|---|----|
| 24   | 25 | 29  | 30 |
| 9. Name and Address of Current Registered Agent<br><b>STILPHEN, PETER A C/O MA<br/>12661 NEW BRITTANY BLVD<br/>FT MYERS FL 33907</b> |    | 10. Name and Address of New Registered Agent<br><b>81 Stilphen, Peter<br/>82 Marquis Management, Inc.<br/>83 9400 Gladiolus Drive #100<br/>84 Fort Myers, FL 33908 US<br/>85 Zip Code</b> |    |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                            |
|----------------------------|--|---|----------------------------|
| TITLE                      | PD<br>CARTER, ROBERT<br>14511 HICKEY HILL CT., #511<br>FT MYERS FL | 1.1 TITLE   |                            |
| NAME                       |  | 1.2 NAME  |                            |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS                                    |                            |
| CITY-ST-ZIP                |  | 1.4 CITY-ST-ZIP                                       |                            |
| TITLE                      | STD<br>DAVIES, DON<br>14511 HICKORY HILL CT., #514<br>FT MYERS FL  | 2.1 TITLE   |                            |
| NAME                       |  | 2.2 NAME  |                            |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |                            |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       |                            |
| TITLE                      | DVP<br>SIMPSON, JAMES<br>14501 HICKORY HILL CT #818<br>FT MYERS FL | 3.1 TITLE   | ST/D                       |
| NAME                       |  | 3.2 NAME  |                            |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |                            |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |                            |
| TITLE                      |  | 4.1 TITLE   | VP/D                       |
| NAME                       |  | 4.2 NAME  | LAWRENCE KOMATZ            |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    | 14510 HICKORY HILL CT #723 |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       | FT MYERS, FL 33912         |
| TITLE                      |  | 5.1 TITLE   |                            |
| NAME                       |  | 5.2 NAME  |                            |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |                            |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |                            |
| TITLE                      |  | 6.1 TITLE   |                            |
| NAME                       |  | 6.2 NAME  |                            |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |                            |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |                            |

14. I 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

4-1-98

CR2E037 (10/97)