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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48810

1. Corporation Name

THE OLDE HICKORY VERANDAS CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business

C/O MARQUIS MGMT
9400 GLADIOLUS DR. #100
FT MYERS FL 33908
US

Mailing Address

12661 NEW BRITTANY BLVD.
9400 GLADIOLUS DR. #100
FT. MYERS FL 33908
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/07/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0334646

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STILPHEN, PETER A C/O MA
C/O MARQUIS MGMT, INC
9400 GLADIOLUS DR. #100
FT MYERS FL 33908

81 Michael Fleming c/o
82 Marquis Management Inc.
83 9400 Gladiolus Dr. #100
84 Fort Myers, FL. 33908
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 PD
NAME CARTER, ROBERT
STREET ADDRESS 14511 HICKEY HILL CT., #511
CITY-ST-ZIP FT MYERS FL

1.1 TITLE STD
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
Change Addition

TITLE VPD
NAME KOMATZ, LAWRENCE
STREET ADDRESS 14510 HICKORY CT, #723
CITY-ST-ZIP FT MYERS FL 33912

2.1 TITLE PD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change Addition

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

3.1 TITLE VPA
3.2 NAME VERALDI, JAMES
3.3 STREET ADDRESS 14510 HICKORY HILL CT #711
3.4 CITY-ST-ZIP FT. MYERS, FL 33912
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)