

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N93000000205 (5)**

**THE OLDE HICKORY VERANDAS CONDOMINIUM III ASSOCIATION, INC.**



Principal Place of Business

14520 HICKORY HILL CT.  
FT MYERS FL 33912

Mailing Address

C/O MARQUIS MGMT INC  
12563 NEW BRITTANY BLVD  
FT MYERS FL 33907  
US

2. Principal Place of Business

21 **12661 NEW BRITTANY BLVD**

Suite, Apt. #, etc.

City & State

23 **Ft. MYERS, FL**

Zip

24 **33907**

Country

25 **U.S.A.**

2a. Mailing Address

26 **12661 NEW BRITTANY BLVD**

Suite, Apt. #, etc.

City & State

28 **Ft. MYERS, FL**

Zip

29 **33907**

Country

30 **U.S.A.**

3. Date Incorporated or Qualified

**01/12/1993**

3a. Date of Last Report

**03/20/1995**

4. FEI Number

**65-0385668**

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

MARQUIS MANAGEMENT INC  
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)

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

*Peter A. Stilphen*

**PETER A. STILPHEN**

**3/28/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PD  
SOKEL, EDWARD  
#823 14520 HICKORY HILL CT.  
FORT MYERS FL 33912

☐ DELETE

STD  
WILLIAMS, NATALIE  
14520 HICKORY HILL CT #826  
FORT MYERS FL

☒ DELETE

VD  
GURCAK, JOSEPH  
14520 HICKORY HILL CT #811  
FT MYERS FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

MAISON, CONNIE  
14530 HICKORY HILL CT #922  
Ft. MYERS, FL 33912

25850 HICKORY BLVD A102  
BONITA SPRINGS, FL 33923

LEWIS, PAM  
14540 HICKORY HILL CT. #1026  
Ft. MYERS, FL 33912

LEADLEY, HERB  
14550 HICKORY HILL CT #1116  
Ft. MYERS, FL 33912

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:

*Connie L. Maizon* **CONNIE MAISON**

**3/22/96**

**939-3461**

Cert.

Daytime Phone #

CR2E037 (12/95)