


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000000205 (5) 1. Corporation Name THE OLDE HICKORY VERANDAS CONDOMINIUM III ASSOCIATION, INC.					
Principal Place of Business 12861 NEW BRITTANY BLVD FT MYERS FL 33907 US			Mailing Address 12861 NEW BRITTANY BLVD FT MYERS FL 33907 US		



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

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3. Date Incorporated or Qualified 01/12/1993	
4. FEI Number 65-0385668	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. 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 STILPHEN, PETER A C/O MA 12583 NEW BRITTANY BLVD FT MYERS FL 33907										
10. Name and Address of New Registered Agent <table border="1"><tr><td>81</td><td rowspan="4">Stilphen, Peter Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, FL 33908 US</td><td>85</td><td>Zip Code</td></tr><tr><td>82</td></tr><tr><td>83</td></tr><tr><td>84</td></tr></table>				81	Stilphen, Peter Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, FL 33908 US	85	Zip Code	82	83	84
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84										

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	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	14520 HICKORY HILL CT	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	FORT MYERS FL	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

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]* 3/30/98

CR2E037 (10/97)