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Secretary of State

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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 # N93000000205

1. Corporation Name

THE OLDE HICKORY VERANDAS CONDOMINIUM III ASSOCIATION, INC.

Principal Place of Business

C/O MARQUIS MANAGEMENT, INC.
9400 GLADIOLUS DR #100
FT MYERS FL 33908
US

Mailing Address

C/O MARQUIS MANAGEMENT, INC.
9400 GLADIOLUS DR #100
FT MYERS FL 33908
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

01/12/1993

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

Michael Fleming c/o
Marquis Management Inc.
9400 Gladiolus Dr. #100
Fort Myers, FL 33908

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

TITLE ☐ DELETE

NAME STD
STREET ADDRESS WILLIAMS, NATALIE
CITY-ST-ZIP 14520 HICKORY HILL CT
FORT MYERS FL

TITLE ☐ DELETE

NAME VPD
STREET ADDRESS MOSON, CONNIE
CITY-ST-ZIP 14530 HICKORY HILL CT #922
FT MYERS FL

TITLE ☐ DELETE

NAME D
STREET ADDRESS GETMAN, JACK
CITY-ST-ZIP 14540 HICKORY HILL CT #1011
FT MYERS FL

TITLE ☒ DELETE

NAME D
STREET ADDRESS LEWIS, GEORGE
CITY-ST-ZIP 14540 HICKORY HILL CT #1026
FT MYERS FL 33912

TITLE ☐ DELETE

NAME PD
STREET ADDRESS LEADLEY, HERB
CITY-ST-ZIP 14550 HICKORY HILL CT #1116
FT MYERS FL

TITLE ☐ DELETE

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 14520 HICKORY HILL CT. #826
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME MAISON
2.3 STREET ADDRESS 14540 HICKORY HILL CT. #1021
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME GETMAN
3.3 STREET ADDRESS 14540 HICKORY HILL CT. #1114
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME D
4.3 STREET ADDRESS ROEPER, GERO
4.4 CITY-ST-ZIP 14520 HICKORY HILL CT #814
FT. MYERS, FL 33912

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-99

Date

Daytime Phone #

CR2E037 (11/98)