2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000205

FILED Feb 10, 2004 Secretary of State

Entity Name: THE OLDE HICKORY VERANDAS CONDOMINIUM III ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: C/O BENSON'S, INC. 12650 WHITEHÁLL DR FT MYERS, FL 33907 US **New Mailing Address: Current Mailing Address:** C/O BENSON'S, INC 12650 WHITEHALL DR FT MYERS, FL 33907 US FEI Number: 65-0385668 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BENSON, MARK R 12650 WHITEHALL DR US FT MYERS, FL 33907 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WILLIAMS, NATALIE Name: Name: 14520 HICKORY HILL CT. #826 Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: () Delete Title: VD (X) Change () Addition Name: ROEPER, GERD Name: ROEPER, GERD Address: 14540 HICKORY HILL CT. #814 Address: 14540 HICKORY HILL CT. #814 City-St-Zip: FT MYERS, FL 33912 City-St-Zip: FT MYERS, FL 33912 Title: (X) Delete Title: () Change () Addition LEADLEY, HERB Name: Name: 14550 HIKCORY HILL CT #1116 Address: Address: City-St-Zip: FT MYERS, FL City-St-Zip: Title: () Delete Title: () Change () Addition KVAMME, ARTHUR Name: Name: 14540 HICKORY HILL CT #1013 Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: () Delete Title: PD (X) Change () Addition SEDLACEK, WALTER SEDLACEK, WALTER Name: Name: 14530 HICKORY HILL CT #922 14530 HICKORY HILL CT #922 Address: Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER SEDLACEK PRES 02/10/2004