

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000205

FILED
Mar 23, 2005
Secretary of State

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

Current Principal Place of Business:

C/O BENSON'S, INC.
12650 WHITEHALL DR
FT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

C/O BENSON'S, INC.
12650 WHITEHALL DR
FT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 65-0385668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENSON, MARK R
12650 WHITEHALL DR
FT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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:

Title: STD () Delete
Name: WILLIAMS, NATALIE
Address: 14520 HICKORY HILL CT. #826
City-St-Zip: FORT MYERS, FL 33912

Title: VD () Delete
Name: ROEPER, GERD
Address: 14540 HICKORY HILL CT. #814
City-St-Zip: FT MYERS, FL 33912

Title: D () Delete
Name: KVAMME, ARTHUR
Address: 14540 HICKORY HILL CT #1013
City-St-Zip: FORT MYERS, FL 33912

Title: PD () Delete
Name: SEDLACEK, WALTER
Address: 14530 HICKORY HILL CT #922
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

03/23/2005

Electronic Signature of Signing Officer or Director

Date