FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

ANNUAL REPORT
1996

DOCUMENT #

SIGNATURE

N9300001301 (1)

OLDE INC.	HICKORY VILLAS CON	DOMINIUM II ASSOCIATIOI					
Principal Plac	ce of Business	Mailing Address		05112 \$0411 00101 210\$0 11111 00101 1401 100\$1			
12734 KEM	WOOD LANE	12734 KENWOOD LANE					
32 32				į			
FT MYERS FL 33907 US		US US	FT MYERS FL 33907 US		3a. Date of Last Report 05/01/1995		
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	· · · · · · · · · · · · · · · · · · ·	26		65-0401722	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27	Suite, Apt. #, etc.		\$8.75 Additional Fee Required		
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28	1 , ,	Trust Fund Contribution	Added to Fees		
Zip 24	Country 25	Zip 29	Gountry 30	8. This corporation has liability for in	ntangible tax under s. 199.032,		
24	9. Name and Address of C		30	Florida Statutes 10. Name and Address of New Re	- · - ·		
	g, maine una readres or o	Trem Hogistal of Figure	81 Name		- A		
CEITE	S, ROBERT-E		N	MICHAEL Heming	9 HEBOC		
	KENWOOD LANE		82 Street	Address (P.O. Box Number is Not Acceptable	⁹⁾ /		
SUITE			83		N		
	52 ERS FL 33907		5	uite 32			
11 (411)	271 (12 0000)	7	84 City	7 Mucrs	FL 85 Zip Code 7		
11. Pursuan	t to the provisions of Section 617	.0 5 02 and 617.1508, Florida Statute:	s, the above-named co				
or registi	ered agent, or both, in the state of	Morida, Such change was authorized Section 617 0503, Florida Statutes	d by the corporation's	rporation submits this statement for the purp board of directors. I hereby accept the appo	intment as registered agent. I am		
	1/1//	Social Tribood, Florida Statutos.			4/20/96		
SIGNATURE	Signature, typied in primary manic of registere		E: Registered Agent signature ri	equired within reinstating)	DATE		
12.	OFFICER	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	OFRS AND DIRECTORS IN 12		
TITLE	PX	DELETE	1.1 TITLE	SD	hange . Addition		
NAME	GANLEY, GEORGE		1.2 NAME				
STREET ADORESS		LANE 26	1.3 STREET ADORESS				
CITY-ST-ZIP	FORT MYERS FL	□ DELETE	1.4 C(TY - ST - Z(P				
TITLE	VD Welsh, John		2 1 TITLE		Change Addition		
NAME STREET ADDRESS		I I ANE 42	2.2 NAME				
CITY-ST-ZIP	FORT MYERS FL	CANC 43	2 3 STREET ADDRESS 2 4 CITY - ST - ZIP				
TITLE	STD	DELETE	3 1 TITLE	PD () Jala	Change Addition		
NAME	ANSCHUETZ, HAROLD		3.2 NAME	Theodore Held mare	1. 1 m H= 14		
STREET ADDRESS	1	LANE 66	3 3 STREET ADDRESS	14251 HICKORY MOUS	nui mit		
CITY-ST-ZIP	FORT MYERS FL		34 CITY-ST-ZIP	Theodore Held 14251 Hickory Mars FT Myers, FL			
TITLE		☐ D£LET£	4.1 TITLE		Change Addition		
NAME			4. 2 NAME				
STREET ADDRESS	;		4.3 STREET ADDRESS				
CITY-ST-ZIP			4 4 CITY - ST - ZIP				
TITLE		☐ DÉLETE	5 1 TITLE		Change Addition		
NAME			5.2 NAME				
STREET ADORESS	5		5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition		
NAME			. 62 NAME				
STREET ADDRESS	· [6 3 STREET ADDRESS				
017Y-S1-ZIP	shy partify that the information own	plied with this filing is valuntarily france	648th ST-ZIP	life for the everytion stated in Section 110.5	17/9VIA) Florido Pholisico (6 dh		
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 employeered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if change p, or on an attachment with an address.							

Theodore Held

9197576 Daytime Phone 6