


FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N93000001301 (1)</b>					
1. Corporation Name <b>OLDE HICKORY VILLAS CONDOMINIUM II ASSOCIATION, INC.</b>					
Principal Place of Business <b>12734 KENWOOD LANE 32 FT MYERS FL 33907 US</b>			Mailing Address <b>12734 KENWOOD LANE 32 FT MYERS FL 33807-5634 US</b>		



C/O Marquis Management, Inc.  
12661 New Brittany Blvd.  
Fort Myers, Fl. 33907

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3. Date Incorporated or Qualified <b>03/18/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0401722</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

24	25	29	30		
9. Name and Address of Current Registered Agent <b>MICHAEL FLEMING 12734 KENWOOD LN 32 FT MYERS FL 33907</b>				10. Name and Address of New Registered Agent 81. Name <b>Stilphen, Peter</b> 82. St <b>Marquis Management, Inc.</b> 83. <b>12661 New Brittany Blvd.</b> 84. CI <b>Fort Myers, Fl. 33907</b> 85. Zip Code	

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 *Peter Stilphen* **PETER STILPHEN** 1/20/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<i>Relinquish</i> <b>HAROLD ANSCHUTZ</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GANLEY, GEORGE</b>	1.2 NAME	<b>14001 Hickory Marsh Ln # 66</b>
STREET ADDRESS	<b>14201 HICKORY MARSH LANE 26</b>	1.3 STREET ADDRESS	<b>Fort Myers, FL.</b>
CITY - ST - ZIP	<b>FORT MYERS FL</b>	1.4 CITY - ST - ZIP	<b>Fort Myers, FL.</b>
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<i>Relinquish</i> <b>ROBERT BURROWS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELSH, JOHN</b>	2.2 NAME	<b>14051 Hickory Marsh Ln # 51</b>
STREET ADDRESS	<b>14101 HICKORY MARSH LANE 43</b>	2.3 STREET ADDRESS	<b>Fort Myers FL.</b>
CITY - ST - ZIP	<b>FORT MYERS FL</b>	2.4 CITY - ST - ZIP	<b>Fort Myers FL.</b>
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<i>Relinquish</i> <b>B.J. HUTCHISON</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HELD, THEODORE</b>	3.2 NAME	<b>14201 Hickory Marsh Ln # 22</b>
STREET ADDRESS	<b>14251 HICKORY MARSH LN. #14</b>	3.3 STREET ADDRESS	<b>Fort Myers, FL</b>
CITY - ST - ZIP	<b>FT MYERS FL</b>	3.4 CITY - ST - ZIP	<b>Fort Myers, FL</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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]* **SIGNATURE REQUIRED** 4-10-97 941-768-6458  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0055314

CR2E037 (9/96)