NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris >.

Secretary of State DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State
05-13-1999 90002 031 ****61.25

1. Corporation Name OLDE HICKORY VILLAS CONDOMINIUM II ASSOCIATION, INC.			5 60136 - 9061 - 3 6 *	
Principal Place of Business	Mailing Address		560136 - 90061	- 3
12734 Kennwood Lane	9411 Cypre	ss Lake DR		. —
32	2	T. 20012		
Fort Myers, FL 33907	Ft. Myers,	FL 33919		
US	US			
2. Principal Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed	
Side And House	Suite, Apt. #, etc.		03/18/1993 4. FEI Number	Applied For
Suite, Apt. #, etc.	27 Suite, Apr. #, etc.		65-0401722	Not Applicable
City & State	City & State		_	\$8.75 Additional
23	28	·	5. Certifcate of Status Desired	Fee Required _
Zip Country 24 25	Zip	Country 30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
9, Name and Address of Curven			10. Name and Address of New Registers	ed Agent
	T	61 Name		
W. W. Schoo Management		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
9411 Cypress Lake Driv				
Fort Myers, Florida 3	J9 1 9 ₽ %	83		
		84 City	F	Zip Code
Pursuant to the provisions of Sections 617.050 office or registered agent for both, in the State agent. I am familiar with and accept the obligations.	2 and 617.1508, Florida Statule of Florida. Such change was authors of Section 617.0503. Florida	es, the above-named corporation thorized by the corporation ida Statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its registered cointment as registered
SIGNATURE ////	acc.			44
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SIGNATURE Signature of philosophilad name of registered again	er and trie if applicable. (NOTE:	Registered Agent signature required	d when reinstating) DATE	AND DIRECTORS IN 12
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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 informatic 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 cath; 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: _