2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000001301



FILED May 02, 2006 8:00 am Secretary of State 05-02-2006 90162 002 ****61.25

OLDE HICKORY VILLAS CONDOMINIUM II ASSOCIATION, INC.)3-02-2000	90102 00	2 01	
Principal Place of Business Mailing Address 9411 CYPRESS LAKE DRIVE 9411 CYPRESS STE 2 2 FORT MYERS, FL 33919 US FORT MYERS, F				,		n mr esm esm ss		. ere û ire: (u:	ca main
2. Principal Place of Business		3. Maling Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01312006 C	ing-NP	CR2E037	(11/05)		
City & State		City & State			4. FEI Number 65-040172	22			plied For Applicable
Zip	Country	Zip	Count	try	5. Certificate of S	itatus Desired		8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	dress of New F	Registered Ag	jent	
CRUZ, BR	YAN			Name					
C/O SCHO	OO MANAGEMENT, INC. PRESS LAKE DRIVE		Street Address		ess (P.O. Box Number is	Not Acceptable	e)	· · · · · · · · · · · · · · · · ·	
FORT MY	ERS, FL 33919		}						
				City			FL	Zip Code	;
	named entity submits this statement to ons of registered agent.	or the purpose of changing its	registered	office or regi	stered agent, or both, in	the State of Fi	orida. I am fa	m≋ar with,	and accept
SIGNATURE .	Signature, typed or printed halpe of registered agen	I and the liappicable, (NOT	E: Registered A	Agent signature req	quired when reinstating)		DATE		
SIGNATURE		9. Election Car Trust Fund (npaign Fin	ancing	\$5.00 May Be Added to Fees		DATE lake check prida Departm		
SIGNATURE	Signature, typed or proted name of registered agen	9. Election Car Trust Fund (npaign Fin	ancing		Flo	lake check rida Departr	nent of St	ate
	Skywter, hypeder protect name of registered agen Filling Fee Is \$61.25 Due by May 1, 2006	9. Election Car Trust Fund (mpaign Fini Contribution	ancing	\$5.00 May Be Added to Fees	Flo	lake check rida Departr RS AND DIRE	nent of St	ate
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10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI PD ANSCHUETZ, HAROLD 14001 HICKORY MARSH LN. #4	9. Election Car Trust Fund (RECTORS	mpaign Fini Contribution 11. TITLE NAME STREET	ancing n. ADDRESS	\$5.00 May Be Added to Fees	Flo	lake check rida Departr RS AND DIRE	nent of St	ate 10
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I hereby certify that the information supplied with th's filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNATURE OR DIRECTOR

