


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90118 019 \*\*\*\*61.25

<b>DOCUMENT # N93000001301</b> 1. Entity Name <b>OLDE HICKORY VILLAS CONDOMINIUM II ASSOCIATION, INC.</b>					
Principal Place of Business <b>9411 CYPRESS LAKE DRIVE STE 2 FORT MYERS, FL 33919 US</b>			Mailing Address <b>9411 CYPRESS LAKE DR 2 FORT MYERS, FL 33919 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number <b>65-0401722</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CRUZ, BRYAN C/O SCHOO MANAGEMENT, INC. 9411-2 CYPRESS LAKE DRIVE FORT MYERS, FL 33919</b>			7. Name and Address of New Registered Agent Name <b>PATRICIA Schoo</b> Street Address (P.O. Box Number is Not Acceptable) <b>Schoo Management Inc</b> <b>9411-2 Cypress Lake Dr #2</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33919</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Patricia Schoo CAM</i> <span style="float: right;">4/10/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANSCHUETZ, HAROLD <input checked="" type="checkbox"/> Delete 14001 HICKORY MARSH LN, #66 FORT MYERS, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JACK TENNEY 14151 Hickory Marsh Lane #32 FT MYERS FL 33912	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Delete BURROW, ROBERT 14051 HICKORY MARSH LN., #51 FORT MYERS, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Cleo Urban <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14151 Hickory Marsh Lane #33 Ft Myers FL 33912	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete SCHNEIDER, WILLIAM 14101 HICKORY MARSH LN. #42 FORT MYERS, FL 33912		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy/TR <input type="checkbox"/> Change <input type="checkbox"/> Addition Bob Weir 14201 Hickory Marsh Lane #26 FT MYERS FL 33912	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this 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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <span style="float: right;">4/10/08 239-481-4700</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					