

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003477 (7)

1. Corporation Name

**THE OLDE HICKORY VERANDAS CONDOMINIUM IV ASSOCIA
TION, INC.**

Principal Place of Business

Mailing Address

**10491 SIX MILE CYPRESS
FT MYERS FL 33912
US**

**10491 SIX MILE CYPRESS
FT MYERS FL 33912
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/30/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0432795

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UPTON, BRUCE
10491 SIX MILE CYPRESS PKWY
FORT MYERS FL 33912**

81 Name **BURNS, ALAN R.**

82 Street Address (P.O. Box Number is Not Acceptable)
10491 SIX MILE CYPRESS PKWY

83

84 City **FORT MYERS**

FL **85** Zip Code **33912**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

4/24/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MCMURRAY, DARIN
STREET ADDRESS 10491 SIX MILE CYPRESS PKWY
CITY - ST - ZIP FORT MYERS FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE VD
NAME PERSICILLI, ANTHONY
STREET ADDRESS 10491 SIX MILE CYPRESS PKWY
CITY - ST - ZIP FORT MYERS FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP ☒ Change ☐ Addition

TITLE STD
NAME UPTON, BRUCE
STREET ADDRESS 10491 SIX MILE CYPRESS PKWY
CITY - ST - ZIP FORT MYERS FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(ALAN R. BURNS)

Date

Daytime Phone

4/24/95

1-813-278-1177