

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # N93000003477 (7)

1. Corporation Name

THE OLDE HICKORY VERANDAS CONDOMINIUM IV ASSOCIATION, 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



2. Principal Place of Business

2a. Mailing Address

21 12661 NEW BRITTANY BLVD

26 12661 NEW BRITTANY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 FT. MYERS, FL

28 FT. MYERS, FL

Zip

Country

Zip

Country

24 33907

25 U.S.A.

29 33907

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURNS, ALAN R.
10491 SIX MILE CYPRESS PKWY
FORT MYERS FL 33912

81 Name
STILPHEN, PETER A. %MARQUIS mgmt
82 Street Address (P.O. Box Number is Not Acceptable)
12661 NEW BRITTANY BLVD
83
84 City
FT. MYERS
85 Zip Code
FL 33907

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 A. Stilphen

PETER A. STILPHEN

3/22/96

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCMURRAY, DARIN	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, JOHN	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, ALAN R.	
STREET ADDRESS	10491 SIX MILE CYPRESS PKWY	
CITY-ST-ZIP	FORT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PARSANKO, VICTORIA	
1.3 STREET ADDRESS	14281 Hickory Links CT #1411	
1.4 CITY-ST-ZIP	FT. MYERS, FL 33912	
2.1 TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DRAGO, JOANN	
2.3 STREET ADDRESS	14271 HICKORY LINKS CT #1311	
2.4 CITY-ST-ZIP	FT. MYERS, FL 33912	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MEYERS, BERNICE	
3.3 STREET ADDRESS	14271 HICKORY LINKS CT #1316	
3.4 CITY-ST-ZIP	FORT MYERS, FL 33912	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

Victoria Parsanko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 939-3461
DATE DAYTIME PHONE #

CR2E037 (12/95)