


FILE NOW: FILING FEE IS \$61.25

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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003477 (7)**

1. Corporation Name

THE OLDE HICKORY VERANDAS CONDOMINIUM IV ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**12861 NEW BRITTANY BLVD
FT MYERS FL 33900
US**

**12861 NEW BRITTANY BLVD
FT MYERS FL 33907
US**



3. Date Incorporated or Qualified

07/30/1993

4. FEI Number

65-0432795

Applied For

Not Applicable

6. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

**c/o Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, FL 33908 US**

**c/o Marquis Management, Inc.
9400 Gladiolus Drive #100
Fort Myers, FL 33908 US**

Zip Country Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STILPHEN, PETER A C/O MA
12861 NEW BRITTANY BLVD
FT MYERS FL 33907**

81 Ne **Stilphen, Peter**
82 Str **Marquis Management, Inc.**
83 **9400 Gladiolus Drive #100**
84 Cit **Fort Myers, FL 33908 US**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☒ DELETE
NAME **PARSANKO, VICTORIA**
STREET ADDRESS **14281 HICKORY LINKS CT #1411**
CITY - ST - ZIP **FT MYERS FL**

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

TITLE **DVP** ☐ DELETE
NAME **RICHARD, HANSON**
STREET ADDRESS **14281 HICKORY LINKS CT., #1413**
CITY - ST - ZIP **FT MYERS FL**

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

TITLE **DST** ☐ DELETE
NAME **SANDRA, GOULDING**
STREET ADDRESS **14281 HICKORY LINKS CT., #1213**
CITY - ST - ZIP **FT MYERS FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **9330 OLD HICKORY CIRCLE**
3.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE **VP/D** ☐ Change ☒ Addition
4.2 NAME **PRESTON RECKERS**
4.3 STREET ADDRESS **14291 HICKORY LINKS CT #1515**
4.4 CITY - ST - ZIP **FT. MYERS, FL 33912**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

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 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:

Richard G. Hanson

CR2E037 (10/97)