


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90209 035 \*\*\*\*61.25

0059191

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N93000003477</b>					
1. Corporation Name <b>THE OLDE HICKORY VERANDAS CONDOMINIUM IV ASSOCIATION, INC.</b>					
Principal Place of Business C/O MARQUIS MANAGEMENT 9400 GLADIOLUS DR #100 FT MYERS FL 33908 US			Mailing Address C/O MARQUIS MANGAEMENT INC 9400 GLADIOLUS DR #100 FT MYERS FL 33908 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/30/1993 4. FEI Number 65-0432795 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	--	--	--	--	--

9. Name and Address of Current Registered Agent STILPHEN, PETER MARUIS MANAGEMENT INC 9400 GLADIOLUS DR #100 FT MYERS FL 33908				10. Name and Address of New Registered Agent 81 Michael Fleming c/o 82 Marquis Management Inc. 83 9400 Gladiolus Dr. #100 84 Fort Myers, Fl. 33908 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PRESTON, RECKERS			1.2 NAME	FIREBAUGH, JAMES		
STREET ADDRESS	14291 HICKORY LINKS CT #1515			1.3 STREET ADDRESS	14291 HICKORY LINKS CT #1521		
CITY-ST-ZIP	FT MYERS FL 33912			1.4 CITY-ST-ZIP	FT. MYERS, FL 33912		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICHARD, HANSON			2.2 NAME			
STREET ADDRESS	14281 HICKORY LINKS CT., #1413			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			2.4 CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SANDRA, GOULDING			3.2 NAME			
STREET ADDRESS	9330 OLD HICKORY CIR			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT MYERS FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

Daytime Phone #

CR2E037 (11/98)