


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90087 039 ****61.25

DOCUMENT # N93000003478		
1. Entity Name OLDE HICKORY VERANDAS 4, 5 & 6 CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 15660 SAN CARLOS BLVD. #40 FORT MYERS, FL 33908 US	Mailing Address 15660 SAN CARLOS BLVD. #40 FORT MYERS, FL 33908 US	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	

40070000



P & M Property Management
14360 So. Tamiami Trail, Unit B
Fort Myers, Florida 33912

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14360 So. Tamiami Trail, Unit B
Fort Myers, Florida 33912

92007 Chg-NP CR2E037 (12/06)

El Number 5-0385668	Applied For <input type="checkbox"/> Not Applicable
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ertificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SAPP, PAUL L C/O P&M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD SUITE 40 FORT MYERS, FL 33908		Name Paul Sapp Street Address (P.O. Box Number is Not Acceptable) P & M Property Management 14360 So. Tamiami Trail, Unit B Fort Myers, Florida 33912 Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered agent obligations of registered agent.			
SIGNATURE Paul L Sapp		DATE 4-20-07	
Signature, typed or printed name of registered agent and title, if applicable.		(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$81.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCUDDER, JOHN 14280 HICKORY LINKS CT # 2024 FT. MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer John Scudder	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUNKENBURG, BRUCE 14281 HICKORY LINKS CT #1426 FT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Bruce Bunkenburg	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CLARKE, WILLIAM 14280 HICKORY LINKS CT. #2061 FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Gary Webster	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELIN, RAY 14291 HICKORY LINKS CT. #1523 FORT MYERS, FL 33912	<input checked="" 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	D BAUR, DONALD 14301 HICKORY LINKS CT. #1616 FORT MYERS, FL 33912	<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	VICE President ARV KLEIN	<input type="checkbox"/> Change <input checked="" 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.

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

Mar 21, 2007 239-2257524
Date Daytime Phone #