


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2008 8:00 am
Secretary of State

07-17-2008 90060 022 ****61.25

DOCUMENT # N93000003478	
1. Entity Name OLDE HICKORY VERANDAS 4, 5 & 6 CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business P&M PROPERTY MANAGEMENT 14360 SO. TAMiami TRAIL, UNIT B FORT MYERS, FL 33912 US	Mailing Address P&M PROPERTY MANAGEMENT 14360 SO. TAMiami TRAIL, UNIT B FORT MYERS, FL 33912 US
---	---

40111265



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06052008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0385668	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent SAPP, PAUL L C/O P&M PROPERTY MANAGEMENT 14360 SO. TAMiami TRAIL, UNIT B FORT MYERS, FL 33912	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

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	
T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
SCUDDER, JOHN 14280 HICKORY LINKS CT # 2024 FT. MYERS, FL 33912	
P NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
BUNKENBURG, BRUCE 14281 HICKORY LINKS CT #1426 FT MYERS, FL 33912	
S NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
WEBBER, GARY 14280 HICKORY LINKS CT. #2061 FORT MYERS, FL 33912	
D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
BAUR, DONALD 14301 HICKORY LINKS CT. #1616 FORT MYERS, FL 33912	
V NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
KLEIN, ARV 14301 HICKORY LINKS CT FORT MYERS, FL 33912	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

*Richard Katzung
14310 Hickory Links CT # 1725
Fort Myers, FL 33912*

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

July 1, 08 225-7524
Date Daytime Phone #