

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000000724 (4)

1. Corporation Name

OLDE HICKORY VILLAS CONDOMINIUM III ASSOCIATION,
INC.



Principal Place of Business

Mailing Address

12734 KENWOOD LANE
32
FT MYERS FL 33907
US

12734 KENWOOD LANE
32
FT MYERS FL 33907
US

3. Date Incorporated or Qualified
02/07/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GELLES, ROBERT F~~
12734 KENWOOD LANE
SUITE 32
FT MYERS FL 33907

81 Name

Michael Fleury

82 Street Address (P.O. Box Number is Not Acceptable)

14000 Hickory Marsh Ln. 75

83

SAME

84 City

FL

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

4/20/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROUSH, GENE
STREET ADDRESS 14000 HICKORY MARSH LANE 75
CITY-ST-ZIP FT. MYERS FL

☐ DELETE

TITLE VD
NAME HARRINGTON, THOMAS
STREET ADDRESS 5613 ROYALWOOD DR
CITY-ST-ZIP DAYTON OH

☒ DELETE

TITLE STD
NAME GILLIGAN, ROBERT
STREET ADDRESS 14050 HICKORY MARSH LANE 86
CITY-ST-ZIP FT. MYERS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

Vice-President & Director
Roush, Gene
14000 Hickory Marsh Ln. 75
Fort Myers, FL.

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

President & Director
WEBB, MICHAEL
14150 Hickory Marsh Ln. # 104
Fort Myers, FL.

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL C. WEBB

April 15, 1996 (941) 768 5959

Date

Daytime Phone #

CR2E037 (12/95)