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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997

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
12734 KENWOOD LANE
32
FT MYERS FL 33907
US

Mailing Address
12734 KENWOOD LANE
32
FT MYERS FL 33907-5634
US



C/O Marquis Management, Inc.
12661 New Brittany Blvd.
Fort Myers, FL 33907

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12661 New Brittany Blvd.
Fort Myers, FL 33907

3. Date Incorporated or Qualified
02/07/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0470770

Applied For
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 25 29 30

9. Name and Address of Current Registered Agent
MICHAEL FLEMING
12734 KENWOOD LANE
SUITE 32
FT MYERS FL 33907

10. Name and Address of New Registered Agent
81 Name Stilphen, Peter
82 Street Marquis Management, Inc.
83 12661 New Brittany Blvd.
84 Fort Myers, FL 33907
City 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 *Peter Stilphen* PETER STILPHEN 1/20/97
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	VPD	1.1 TITLE	VPD
NAME	ROUSH, GENE	1.2 NAME	Edwin G TAPSCOTT
STREET ADDRESS	14000 HICKORY MARSH LANE 75	1.3 STREET ADDRESS	14250 HICKORY MARSH LN #122
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	FT MYERS, FL
TITLE	PD	2.1 TITLE	
NAME	WEBB, MICHAEL	2.2 NAME	
STREET ADDRESS	14150 HICKORY MARSH LN #104	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	GILLIGAN, ROBERT	3.2 NAME	
STREET ADDRESS	14050 HICKORY MARSH LANE 86	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Michael E. Webb* President, Olde Hickory Villages V.I. & W. Cuda Ann. 4/9/97 (941) 768-5959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0056207

CR2E037 (9/96)