FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N9400000724 (4)

OLDE HICKORY VILLAS CONDOMINIUM III ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FILED May 26 1998 8:00am Secretary of State



NMARQUIS MA 12661 NEW BRI FT MYERS FL : US		%MARQUIS MANAGEMENT INC 12661 NEW BRITTANY BLVD FT MYERS FL 33907 US	;	3. Date Incorporated or Qualified 02/07/1994 4. FEI Number 65-0470770	Applied For Not Applicable
o Marquis Management, Inc.		c/o Marquis Management, Inc.		Certificate of Status Desired	Fee Required
9400 Gladiolus Drive #100		9400 Gladiolus Drive #100		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Fort Myers, Fl. 33908 US		Fort Myers, Fl.	. 33908 US	Is this nonprofit corporation a homeown	
					□ No
Zip	Country	Zip	Country	This corporation owes or has paid the c Personal Property Tax due June 30.	urrent year Intangible
24	25 25 Name and Address of Curren	29 30 t Registered Agent	<u> </u>	10. Name and Address of New Registered	
MARQUI 12661 N	EN, PETER IS MANAGEMENT INC IEW BRITTANY BLVD RS FL 33907		82 Mar 83 9400	ohen, Peter equis Management, Inc. 0 Gladiolus Drive #100 Myers, FL 33908 US	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 Storetive types or printed carrie of registered agent and tille if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	Signature, typed or printed name of registered age OFFICERS ANI		gistered Agent alghature r	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	VPD	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TAPSCOTT, EDWIN G		1.2 NAME		
STREET ADDRESS	14250 HICKORY MARSH LN	#122	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		Change Addition
NAME	WEBB, MICHAEL		2.2 NAME		
STREET ADDRESS	14150 HICKORY MARSH LN	#10 4	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL STD	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	STO	Change Addition
NAME	GILLIGAN, ROBERT	—	3.2 NAME	Thomas Harrington 14150-106 Hickory Marsh	
STREET ADDRESS	14050 HICKORY MARSH LAN	IE 86	3.3 STREET ADDRESS	14150-106 Hickdry Marsh	ane
CITY-ST-ZIP	FT. MYERS FL		3.4. CITY-ST-ZIP	Ft My crs, FL 33912	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE		C Detter			
NAME STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY - ST- ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP		20 M 2 42 M 2 M 2 M	6.4 CITY - ST - ZIP	od in Section 119.07/3)/i) Florida Statutas I further	portific that the information

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.

DIONATUDE.

Mrdeal Cliff

May 15,98 768-595