

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 # N94000004181 (3)

1. Corporation Name

THE OLDE HICKORY VERANDAS CONDOMINIUM V ASSOCIAT  
ION, INC.



Principal Place of Business

Mailing Address

10491 SIX MILE CYPRESS PKWY. 101  
FT MYERS FL 33912

10491 SIX MILE CYPRESS PKWY. 101  
FT MYERS FL 33912

3. Date Incorporated or Qualified  
08/22/1994

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 12734 KENWOOD LN STE 49

27 12734 KENWOOD LN STE 49

City & State

City & State

23 FORT MYERS FL

28 FORT MYERS FL

Zip

Country

Zip

Country

24 33907

25

29 33907

30

4. FEI Number

65-0522397

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURNS, ALAN R.  
10491 SIX MILE CYPRESS PKWY  
FT MYERS FL 33912

81 Name

JAMES W SPIRES JR

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

12734 KENWOOD LANE STE 49

83

84 City

FORT MYERS

FL

85 Zip Code

33907

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

*James W Spires Jr*  
Signature, typed or printed name of registered agent and date if applicable

JAMES W SPIRES JR CPA

(NOTE: Registered Agent's signature required when resigning)

5-1-96  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE  
NAME MCMURRAY, DARIN  
STREET ADDRESS % 10491 SIX MILE CYPRESS PKWY, 101  
CITY - ST - ZIP FT MYERS FL 33912

11 TITLE PRESIDENT ☒ Change ☒ Addition  
12 NAME JAMES P. SWEENEY  
13 STREET ADDRESS 14310 HICKORY LINKS CT #1714  
14 CITY - ST - ZIP FORT MYERS FL 33912

TITLE DV ☒ DELETE  
NAME WILSON, JOHN  
STREET ADDRESS % 10491 SIX MILE CYPRESS PKWY, 101  
CITY - ST - ZIP FT MYERS FL 33912

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

TITLE STD ☒ DELETE  
NAME BURNS, ALAN R.  
STREET ADDRESS 10491 SIX MILE CYPRESS PKWY  
CITY - ST - ZIP FT MYERS FL

31 TITLE VICE PRESIDENT ☒ Change ☒ Addition  
32 NAME NORMAN VANDEHAAR  
33 STREET ADDRESS 1323 W 4TH ST  
34 CITY - ST - ZIP SPENCER IA 51301

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE SECRETARY/TREASURER ☐ Change ☒ Addition  
42 NAME MERRIL TRIPLETT  
43 STREET ADDRESS 1316 SHAWNEE TRAIL  
44 CITY - ST - ZIP IRONTON, OHIO 45638

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

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:

*James P. Sweeney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

5-1-96

Date

Daytime Phone

CR2E037 (12/95)