

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 28 1997 8:00am  
Secretary of State

DOCUMENT # N94000004181

1. Corporation Name

OLDE HICKORY VERANDAS CONDOMINIUM  
Y ASSOCIATION

Principal Place of Business

Mailing Address

MARQUIS MANAGEMENT, INC.  
12661 NEW BRITTANY BLVD  
FORT MYERS, FL 33907

3. Date Incorporated or Qualified

8/22/94

3a. Date of Last Report

3-21-96

2. Principal

MARQUIS MANAGEMENT, INC.  
12661 NEW BRITTANY BLVD  
FORT MYERS, FL 33907

2a. Mailing Address

Suite, Apt. #, etc.

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

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

MARQUIS MANAGEMENT, INC.  
12661 NEW BRITTANY BLVD  
FORT MYERS, FL 33907

10. Name and Address of New Registered Agent

81. Name

82. Street A

83. Street B

84. City

MARQUIS MANAGEMENT, INC.  
12661 NEW BRITTANY BLVD  
FORT MYERS, FL 33907

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

12. OFFICERS AND DIRECTORS

TITLE OP BP  
NAME Sweeney, James ☐ DELETE  
STREET ADDRESS 14310 Hickory Links CT 1716  
CITY-ST-ZIP Fort Myers, FL

TITLE T  
NAME VANDEHAAR, NORMAN ☐ DELETE  
STREET ADDRESS 1023 W. 4th ST  
CITY-ST-ZIP SPENCER, IA

TITLE PS  
NAME Hippert, Merle ☐ DELETE  
STREET ADDRESS 1316 SGAWNEE TR.  
CITY-ST-ZIP FRONTON, OH 45638

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.032(5)(b), 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

Date

Daytime Phone #

CR2E037 (9/96)