


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000004181 (3) 1. Corporation Name <b>THE OLDE HICKORY VERANDAS CONDOMINIUM V ASSOCIATION, INC.</b>					
Principal Place of Business <b>MARQUIS MANAGEMENT, INC. 12661 NEW BRITTANY BLVD FORT MYERS FL 33907</b>			Mailing Address <b>MARQUIS MANAGEMENT, INC. 12661 NEW BRITTANY BLVD FORT MYERS FL 33907</b>		



3. Date Incorporated or Qualified <b>08/22/1994</b>	
4. FEI Number <b>65-0522397</b>	Applied For <input type="checkbox"/> Not Applicable
Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

c/o Marquis Management, Inc.  
9400 Gladiolus Drive #100  
Fort Myers, FL 33908 US

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24	25	29	30
9. Name and Address of Current Registered Agent <b>MARQUIS MANAGEMENT, INC. MARQUIS MANAGEMENT, INC. 12661 NEW BRITTANY BLVD FORT MYERS FL 33907</b>			
10. Name and Address of New Registered Agent <b>Stilphen, Peter Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, FL 33908 US</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P/D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SWEENEY, JAMES P.		1.2 NAME	IVERSON, ROBERT			
STREET ADDRESS	14310 HICKORY LINKS CT., #1716		1.3 STREET ADDRESS	14301 HICKORY LINKS CT #1624			
CITY-ST-ZIP	FT MYERS FL 33912		1.4 CITY-ST-ZIP	FT. MYERS, FL 33912			
TITLE	DT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	VANDEHAAR, NORMAN		2.2 NAME	MITCHELL, WILLIAM			
STREET ADDRESS	1323 W. 4TH STREET		2.3 STREET ADDRESS	14310 HICKORY LINKS CT #1715			
CITY-ST-ZIP	SPENCER IA 51301		2.4 CITY-ST-ZIP	FT. MYERS, FL 33912			
TITLE	DS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TRIPLETT, MERRIL		3.2 NAME	SCHAD, REX A.			
STREET ADDRESS	1316 SHAWNEE TRAIL		3.3 STREET ADDRESS	14310 HICKORY LINKS CT. #1712			
CITY-ST-ZIP	IRONTON OH 45638		3.4 CITY-ST-ZIP	FT. MYERS, FL 33912			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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.

SIGNATURE: \_\_\_\_\_

CR2E037 (10/97)