

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90359 029 ****61.25

DOCUMENT # N94000004181

1. Entity Name

THE OLDE HICKORY VERANDAS CONDOMINIUM V ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O HENKE PROPERTY MNGT
 6213-A PRESIDENTIAL CT
 FORT MYERS FL 33919
 US

C/O HENKE PROPERTY MNGT
 6213-A PRESIDENTIAL CT
 FORT MYERS FL 33919
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0522397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENKE, CAROL J
% HENKE PROPERTY MANAGEMENT
6213-A PRESIDENTIAL CT
FORT MYERS FL 33919

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPD
SEIBERT, JOANNE
14301 HICKORY LINKS CT, STE 1625
FT MYERS FL 33912 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
STD
Seibert, Joanne
14301 Hickory Links Ct Ste 1625
Fort Myers, FL 33912 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
STD
MITCHELL, WILLIAM
14310 HICKORY LINKS CT. #1715
FT. MYERS FL 33912 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VPD
MITCHELL, William
14310 HICKORY LINKS CT 1715
Fort Myers, FL 33912. ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
SCHAD, REX A.
14310 HICKORY LINKS CT. #1712
FT. MYERS FL 33912 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
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☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rex A. Schad
REQUIREXIA. SCHAD

4/11/02
 Date

941-561-3760
 Daytime Phone #

CR2E037 (9/01)