

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 # N95000001062 (7)

1. Corporation Name

THE OLDE HICKORY VERANDAS CONDOMINIUM VI ASSOCIATION, INC.



Principal Place of Business: **10491 SIX MILE CYPRESS PARKWAY SUITE 101 FORT MYERS FL 33912**
Mailing Address: **10491 SIX MILE CYPRESS PARKWAY SUITE 101 FORT MYERS FL 33912**

3. Date Incorporated or Qualified: **03/03/1995**
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0569396	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

**KUSHNER, STEVEN P
1515 BROADWAY
FORT MYERS FL 33901**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number, is Not Acceptable)	FL 33902
1375 JACKSON STREET	
83	
SUITE 202	
84 City	
FORT MYERS	

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

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

(NOTE: Registered Agent's signature required when re-registering)

3-18-96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMURRAY, DARIN	1.2 NAME	
STREET ADDRESS	10491 SIX MILE CYPRESS PARKWAY, SUITE 101	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33912	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, JOHN	2.2 NAME	VPD JEFFRIES, CAROLYN
STREET ADDRESS	10491 SIX MILE CYPRESS PARKWAY, SUITE 101	2.3 STREET ADDRESS	10491 SIX MILE CYPRESS PKWY, SUITE 101
CITY-ST-ZIP	FORT MYERS FL 33912	2.4 CITY-ST-ZIP	FORT MYERS FL 33912
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, ALAN R	3.2 NAME	
STREET ADDRESS	10491 SIX MILE CYPRESS PARKWAY, SUITE 101	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33912	3.4 CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96

DATE

941-278-1177

DAYTIME PHONE #

CR2E037 (12/95)