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FILED
May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000001062

1. Corporation Name
OLDE HICKORY CONDOMINIUM VI
ASSOCIATION

Principal Place of Business Mailing Address

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

2. Principal Office Address
MARQUIS MANAGEMENT, INC.
12661 NEW BRITTANY BLVD
FORT MYERS, FL 33907

2a. Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

3/3/1995

3a. Date of Last Report

3-21-94

4. FEI Number

65-0569396

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

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

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 Address

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

84 City

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 *Debra A. Stiglich*
Signature, typed or printed name of registered agent, and title if applicable

Peter A. Stiglich
(NOTE: Registered Agent signature required when remaining)

4/30/97
DATE

12. OFFICERS AND DIRECTORS

TITLE *DP* *Ophelia Burton* DELETE
NAME
STREET ADDRESS *14290 Hickory Links CT 1924*
CITY-STATE-ZIP *FORT MYERS, FL 33912*

TITLE *DV* *SKOLMAN, DWANNE* DELETE
NAME
STREET ADDRESS *4280 Hickory Links CT. 2025*
CITY-STATE-ZIP *FORT MYERS, FL 33912*

TITLE *DT* *MYERS, MARTIN* DELETE
NAME
STREET ADDRESS *14290 Hickory Links CT 1911*
CITY-STATE-ZIP *FORT MYERS, FL 33912*

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do 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: *Ophelia Burton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-97
Date

Daytime Phone #

CR2E037 (9/96)