

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
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DOCUMENT # N95000001062 (7)
1. Corporation Name
THE OLDE HICKORY VERANDAS CONDOMINIUM VI ASSOCIATION, INC.

Principal Place of Business 12661 NEW BRITTANY BLVD FORT MYERS FL 33907	Mailing Address 12661 NEW BRITTANY BLVD FORT MYERS FL 33907
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c/o Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, Fl. 33908 US	c/o Marquis Management, Inc. 9400 Gladiolus Drive #100 Fort Myers, Fl. 33908 US
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3. Date Incorporated or Qualified 03/03/1995	
4. FEI Number 65-0569396	Applied For <input type="checkbox"/> Not Applicable
Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

24 | 25 | 29 | 30

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	Stilphen, Peter
82 Street	Marquis Management, Inc. 9400 Gladiolus Drive #100
83 City	Fort Myers, FL 33908 US
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OPHEINA, BURTEN	1.2 NAME	
STREET ADDRESS	14290 HICKORY LINKS CT 1924	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33912	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, DUANNE	2.2 NAME	
STREET ADDRESS	14280 HICKORY LINK CT. 2025	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33912	2.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, MARVIN	3.2 NAME	
STREET ADDRESS	14290 HICKORY LINK CT. 1911	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33912	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VPI/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	R.L. EPPELSHEIMER
STREET ADDRESS		4.3 STREET ADDRESS	14270 HICKORY LINKS CT #2114
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	SIT/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	JOANNE RICE
STREET ADDRESS		5.3 STREET ADDRESS	14300 HICKORY LINKS CT #1811
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FT. MYERS, FL 33912
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: *Joanne Rice*

4-8-98

CR2E037 (10/97)