

FILE NOW: FILING FEE IS \$61.25

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90181 049 ****61.25

0069214

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001062

1. Corporation Name

THE OLDE HICKORY VERANDAS CONDOMINIUM VI ASSOCIATION, INC.



Principal Place of Business

C/O MARQUIS MANAGEMENT INC.
9400 GLADIOLUS DRIVE #100
FORT MYERS FL 33908
US

Mailing Address

C/O MARQUIS MANAGEMENT INC.
9400 GLADIOLUS DRIVE #100
FORT MYERS FL 33908
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/03/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0569396	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	
Country		Country		30	

9. Name and Address of Current Registered Agent

MARQUIS MANAGEMENT, INC.
MARQUIS MANAGEMENT, INC.
9400 GLADIOLUS DRIVE #100
FORT MYERS FL 33908

10. Name and Address of New Registered Agent

Michael Fleming c/o
Marquis Management Inc.
9400 Gladiolus Dr. #100
Fort Myers, Fl. 33908

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPPELSHEIMER, R.L.	1.2 NAME	
STREET ADDRESS	14270 HICKORY LINKS CT. #2114	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33912	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input 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	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BICE, JOANNE	3.2 NAME	SCUDDER, JOHN
STREET ADDRESS	14300 HICKORY LINKS CT. #1811	3.3 STREET ADDRESS	14280 HICKORY LINKS CT #2024
CITY-ST-ZIP	FORT MYERS FL 33912	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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

4/16/99

CR2E037 (11/98)