

DOCUMENT # N95000001062

1. Entity Name

THE OLDE HICKORY VERANDAS CONDOMINIUM VI ASSOCIA

FILED
May 09, 2000 8:00 a
Secretary of State

05-09-2000 90051 043 ****61.25

Principal Place of Business

Mailing Address

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 33908-6698
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0569396

Applied F
Not Appli

Zip

Country

Zip

Country

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

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

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 VPD
NAME EPPELSHEIMER, R.L.
STREET ADDRESS 14270 HICKORY LINKS CT. #2114
CITY-ST-ZIP FORT MYERS FL 33912 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change

TITLE PD
NAME SHERMAN, DUANNE
STREET ADDRESS 14280 HICKORY LINK CT. 2025
CITY-ST-ZIP FORT MYERS FL 33912 Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change

TITLE ~~STD~~
NAME ~~SCUDDER, JOHN~~
STREET ADDRESS ~~14280 HICKORY LINK CT. 2024~~
CITY-ST-ZIP ~~FORT MYERS FL 33912~~ Delete

TITLE STD
NAME RUEDIGER, BERNT
STREET ADDRESS 14280 HICKORY LINKS CT #2026
CITY-ST-ZIP FORT MYERS, FL 33912 Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #