


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Aug 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709913** (8)

1. Corporation Name

**HOLLY HOUSE, INC. A CONDOMINIUM**

Principal Place of Business

**722 RIDGE ROAD  
LANTANA FL 33462**

Mailing Address

**722 N RIDGE RD  
APT 9  
LANTANA FL 33462  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/12/1965** 3a. Date of Last Report **01/25/1996**

4. FEI Number **23-7424298** 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**

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIBURN, EUGENE J  
722 RIDGE RD #9  
LANATANA FL 33462**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIBURN, EUGENE</b>	1.2 NAME	<b>LAMPE, HILKA</b>
STREET ADDRESS	<b>722 RIDGE RD #9</b>	1.3 STREET ADDRESS	<b>722 RIDGE RD #25</b>
CITY-ST-ZIP	<b>LANTANA, FL 00000</b>	1.4 CITY-ST-ZIP	<b>LANTANA FLA 33462</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOOVER, LINEA</b>	2.2 NAME	
STREET ADDRESS	<b>722 RIDGE ROAD #10</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LANTANA, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAARINEN, AIMO</b>	3.2 NAME	
STREET ADDRESS	<b>722 RIDGE RD #16</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LANTANA FL</b>	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVER, ARVID</b>	4.2 NAME	
STREET ADDRESS	<b>728 RIDGE ROAD #23</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LANTANA, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMPE, HILKA</b>	5.2 NAME	
STREET ADDRESS	<b>728 RIDGE RD #25</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LANTANA, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOMO, HAZEL</b>	6.2 NAME	
STREET ADDRESS	<b>722 RIDGE RD #12</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LANTANA, FL 00000</b>	6.4 CITY-ST-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 \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_

CR2E037 (4/97)