

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 AM 11:32

DOCUMENT # 722500 (6)
1. Corporation Name
HOLLEY BY THE SEA IMPROVEMENT ASSOCIATION, INC.

Principal Place of Business Mailing Address
6845 NAVARRE PKWY NAVARRE FL 32566

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **01/21/1972** 3a. Date of Last Report **02/28/1994**
4. FEI Number **59-1510753** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes 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 25 29 30

9. Name and Address of Current Registered Agent
**HENDRICKS, JAMES W
6845 NAVARRE PARKWAY
NAVARRE FL 32566**

10. Name and Address of New Registered Agent
81 Name **Michelle C. Colangelo**
82 Street Address (P.O. Box Number is Not Acceptable) **6845 Navarre Pkwy**
83
84 City **Navarre** FL 85 Zip Code **32566**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0605, Florida Statutes.

SIGNATURE *Michelle C. Colangelo* DATE **2-20-95**

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	SKAHAN, PAUL
STREET ADDRESS	6845 NAVARRE PARKWAY
CITY-ST-ZIP	NAVARRE FL 32566
TITLE	PD
NAME	MORRIS, W. P
STREET ADDRESS	6845 NAVARRE PARKWAY
CITY-ST-ZIP	NAVARRE FL
TITLE	VD
NAME	CROUCH, WILLIAM
STREET ADDRESS	6845 NAVARRE PARKWAY
CITY-ST-ZIP	NAVARRE FL
TITLE	D
NAME	STOVALL, MIKE
STREET ADDRESS	6845 NAVARRE PARKWAY
CITY-ST-ZIP	NAVARRE FL 32566
TITLE	J
NAME	HENDRICKS, JAMES W
STREET ADDRESS	6845 NAVARRE PARKWAY
CITY-ST-ZIP	NAVARRE FL
TITLE	SD
NAME	POAST, MARGARET
STREET ADDRESS	6845 NAVARRE PKWY
CITY-ST-ZIP	NAVARRE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		Bob Ware	
13 STREET ADDRESS		6845 Navarre Pkwy	
14 CITY-ST-ZIP		Navarre FL 32566	
21 TITLE	D	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		William Crouch	
23 STREET ADDRESS		6845 Navarre Pkwy	
24 CITY-ST-ZIP		Navarre FL 32566	
31 TITLE	D	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		Dick Morrison	
33 STREET ADDRESS		6845 Navarre Pkwy	
34 CITY-ST-ZIP		Navarre FL 32566	
41 TITLE	D	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		Pricilla Thompson	
43 STREET ADDRESS		6845 Navarre Pkwy	
44 CITY-ST-ZIP		Navarre FL 32566	
51 TITLE	D		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		Mike Stovall	
53 STREET ADDRESS		6845 Navarre Pkwy	
54 CITY-ST-ZIP		Navarre, Florida 32566	
61 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *B. H. WARE* DATE: **FEB 3, 1995** *[Signature]*
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

989-6425