

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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
6845 NAVARRE PKWY NAVARRE FL 32566-7420

3. Date Incorporated or Qualified 01/21/1972
3a. Date of Last Report 02/07/1996

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FLEMING, EDWARD P ESQ
4300 BAYOU BLVD
STE 12-13
PENSACOLA FL 32503

10. Name and Address of New Registered Agent
81 Name SAME
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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARE, BOB	1.2 NAME	Alberghini, MARIO
STREET ADDRESS	6845 NAVARRE PARKWAY	1.3 STREET ADDRESS	"Same"
CITY-ST-ZIP	NAVARRE FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANKENSHIP, FRANK	2.2 NAME	Kenneth Reitmeier Endell Stevens
STREET ADDRESS	6845 NAVARRE PKWY	2.3 STREET ADDRESS	"Same"
CITY-ST-ZIP	NAVARRE FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISON, DICK	3.2 NAME	Same
STREET ADDRESS	6845 NAVARRE PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, PRICILLA	4.2 NAME	Kenneth Reitmeier
STREET ADDRESS	6845 NAVARRE PARKWAY	4.3 STREET ADDRESS	"Same"
CITY-ST-ZIP	NAVARRE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOVALL, MIKE	5.2 NAME	Same
STREET ADDRESS	6845 NAVARRE PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL	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 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: *M. C. [Signature]* REQUIRED
1/7/97 904-939-1693
Date Daytime Phone # 0074316

CR2E037 (9/96)