

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 26 1998 8:00am
 Secretary of State

0015206

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

3. Date Incorporated or Qualified
 01/21/1972

4. FEI Number
 59-1510753

Applied For
 Yes 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. Is this nonprofit corporation a homeowners association?
 Yes No

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. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent
 FLEMING, EDWARD P ESO
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	ALBERGHINI, MARIO 6845 NAVARRE PARKWAY NAVARRE FL	<input checked="" type="checkbox"/> DELETE	
TITLE VPD	STEVENS, ENDELL 6845 NAVARRE PKWY NAVARRE FL	<input checked="" type="checkbox"/> DELETE	
TITLE TD	MORRISON, DICK 6845 NAVARRE PARKWAY NAVARRE FL	<input checked="" type="checkbox"/> DELETE	
TITLE SD	REITMEIER, KENNETH 6845 NAVARRE PARKWAY NAVARRE FL	<input checked="" type="checkbox"/> DELETE	
TITLE D	STOVALL, MIKE 6845 NAVARRE PARKWAY NAVARRE FL	<input checked="" type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
1.1 TITLE	INP (T)	1.2 NAME	Larry Hedrick
1.3 STREET ADDRESS		1.3 STREET ADDRESS	6845 Navarre Parkway 2479 Houston Circle
1.4 CITY-ST-ZIP		1.4 CITY-ST-ZIP	Navarre, Fl. 32566
2.1 TITLE	SD (D)	2.2 NAME	Dennis Henry
2.3 STREET ADDRESS		2.3 STREET ADDRESS	6845 Navarre Parkway 2561 Crockett Rd.
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	Navarre, Fl 32566
3.1 TITLE	2VP (T)	3.2 NAME	Bruce Karlson
3.3 STREET ADDRESS		3.3 STREET ADDRESS	6845 Navarre Parkway 1957 Seahawk Rd.
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	Navarre, Fl. 32566
4.1 TITLE	T (D)	4.2 NAME	Karl Knoch
4.3 STREET ADDRESS		4.3 STREET ADDRESS	6845 Navarre Parkway 2726 PGA Club.
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	Navarre, FL 32566
5.1 TITLE	P (D)	5.2 NAME	George Newton
5.3 STREET ADDRESS		5.3 STREET ADDRESS	6845 Navarre Parkway 2539 3rd Cir
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	Navarre, Fl 32566
6.1 TITLE	(T)	6.2 NAME	Michelle Colangelo
6.3 STREET ADDRESS		6.3 STREET ADDRESS	2732 Muirfield Dr.
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	Navarre FL 32566

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE _____ DAYTIME PHONE # _____

CR2E037 (5/98)