

4/1/02

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-01-2002 90017 041 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722500

1. Entity 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

2. Principal Place of Business

3. Mailing Address



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1510753

Applied For

Not Applicable

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, EDWARD P ESQ
4300 BAYOU BLVD
STE 12-13
PENSACOLA FL 32503

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 **D** Delete
NAME **CHAPMAN, STAN**
STREET ADDRESS **7022 GANDY**
CITY-ST-ZIP **NAVAREE FL 32568**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **PETERSON, ED**
STREET ADDRESS **2501 VALLEY ROAD**
CITY-ST-ZIP **NAVARRE FL 32566**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPT** Delete
NAME **GRANNING, LVEL**
STREET ADDRESS **6913 TURNBERRY CIR**
CITY-ST-ZIP **NAVARRE FL 32568**

TITLE **D** Change Addition
NAME **Ronald Baldinger**
STREET ADDRESS **7578 Pepperwood St.**
CITY-ST-ZIP **Navarre, FL 32566**

TITLE **PD** Delete
NAME **GRIMM, TOM**
STREET ADDRESS **2740 PGA BLVD**
CITY-ST-ZIP **NAVARRE FL 32568**

TITLE **D** Change Addition
NAME **Mike Householder**
STREET ADDRESS **2562 2nd Court**
CITY-ST-ZIP **Navarre, FL 32566**

TITLE **D** Delete
NAME **DAMINITZ, PATTY**
STREET ADDRESS **7368 BREWSTER DRIVE**
CITY-ST-ZIP **NAVARRE FL 32568**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 if 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 #

CR2E037 (9/01)