

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722500

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: HOLLEY BY THE SEA IMPROVEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

6845 NAVARRE PKWY  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

6845 NAVARRE PKWY  
NAVARRE, FL 32566

**New Mailing Address:**

FEI Number: 59-1510753

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NEWMAN, RAYMOND F JR  
348 MIRACLE STRIP PKWY STE 7  
FORT WALTON BEACH, FL 32548 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SIMPSON, ROBERT  
Address: 6822 FERNANDINA RD  
City-St-Zip: NAVARRE, FL 32566

Title: S ( ) Delete  
Name: HARRINGTON, TIM  
Address: 6909 SEA BASS DRIVE  
City-St-Zip: NAVARRE, FL 32566

Title: V ( ) Delete  
Name: COLLINS, ROBERT  
Address: 2802 SHERWOOD DRIVE  
City-St-Zip: NAVARRE, FL 32566

Title: VP ( ) Delete  
Name: KIZER, JAMES  
Address: 2552 HOLLEY PLACE  
City-St-Zip: NAVARRE, FL 32566

Title: T ( ) Delete  
Name: GARDNER, LEE  
Address: 6601 ADMIRAL STREET  
City-St-Zip: NAVARRE, FL 32566

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY HARRINGTON

S

04/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date