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Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05347** (2)

1. Corporation Name

**THE DOGWOOD/HOLLY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**180 LAGOON RD SE  
WINTER HAVEN FL 33884  
US**

**180 LAGOON RD SE  
WINTER HAVEN FL 33884  
US**

3. Date Incorporated or Qualified

**09/25/1984**

4. FEI Number

**59-2454850**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 855 ORCHID SPRINGS DR**

**26 855 ORCHID SPRINGS DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

**23 WINTER HAVEN FL**

**28 WINTER HAVEN FL**

24 Zip

Country

29 Zip

Country

**24 33884**

**25 US**

**29 33884**

**30 US**

9. Name and Address of Current Registered Agent

**JOHNSON, BARBARA  
845 ORCHID SPRINGS DR  
WINTER HAVEN FL 33884**

10. Name and Address of New Registered Agent

81 Name

**Michele Rawlins**

82 Street Address (P.O. Box Number is Not Acceptable)

**855 Orchid Springs Dr**

83 City & State

84 Zip

**Winter Haven FL**

85 Zip Code

**33884**

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 **Michele Rawlins**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/3/98**

12. OFFICERS AND DIRECTORS

TITLE **SD** ☒ DELETE

NAME **SHOEMAKER, CINDY**  
STREET ADDRESS **839 ORCHID SPRINGS**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **DP** ☐ DELETE

NAME **JOHNSON, BARBARA**  
STREET ADDRESS **845 ORCHID SPRINGS DR**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE **TD** ☒ DELETE

NAME **CLOUM, D.J.**  
STREET ADDRESS **180 LAGOON RD. S.E.**  
CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SD** ☒ Change ☐ Addition

1.2 NAME **JOHN BAGGS**  
1.3 STREET ADDRESS **837 ORCHID SPRINGS DR**  
1.4 CITY-ST-ZIP **WINTER HAVEN, FL 33884**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **TO** ☒ Change ☐ Addition

3.2 NAME **MICHELE RAWLINS**  
3.3 STREET ADDRESS **855 ORCHID SPRINGS DR**  
3.4 CITY-ST-ZIP **WINTER HAVEN, FL 33884**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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: **Michele Rawlins**

**3/3/98**

**941/299-6942**

CR2E037 (10/97)