


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00
Secretary of State

DOCUMENT # N05347			
1. Entity Name THE DOGWOOD/HOLLY ASSOCIATION, INC.			
Principal Place of Business 855 ORCHID SPRINGS DR WINTER HAVEN, FL 33884 US	Mailing Address 855 ORCHID SPRINGS DR WINTER HAVEN, FL 33884 US		
DO NOT WRITE IN THIS SPACE			
		01202007 No Chg-NP CR2E037 (4/08)	
		4. FEI Number 59-2454850	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RAWLINS, MICHELE 855 ORCHID SPRINGS DR WINTER HAVEN, FL 33884		DO NOT WRITE IN THIS SPACE	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, BARBARA 845 ORCHID SPRINGS DR. WINTER HAVEN, FL 33884		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEWELL, EILEEN 859 ORCHID SPRINGS DR WINTER HAVEN, FL 33884		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAWLINS, MICHELE 855 ORCHID SPRINGS DR WINTER HAVEN, FL 33884		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Michele A Rawlins</i>		4/29/07	863-534-5630
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>