

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006006

FILED
Jan 28, 2008
Secretary of State

Entity Name: 1353 HOLLY HEIGHTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1353 HOLLY HEIGHTS DRIVE
UNIT # 2
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

1353 HOLLY HEIGHTS DRIVE
UNIT # 2
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 20-5112743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTRIANA & CHRISTIANSEN, P.A.
1500 N. FEDERAL HWY., STE. 200
ATTN: STEPHEN V. HOFFMAN
FT. LAUDERDALE, FL 33304 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: DP () Delete
Name: SANDERS, KENNETH
Address: 3322 LAKESIDE DRIVE
City-St-Zip: DAVIE, FL 33328

Title: DT () Delete
Name: KRISTOFIC, ROBERT
Address: 1353 HOLLY HEIGHTS DRIVE, UNIT # 2
City-St-Zip: WESTON, FL 33326

Title: DVS () Delete
Name: FRANCIS, CHRISTINE
Address: 1353 HOLLY HEIGHTS DRIVE, UNIT # 5
City-St-Zip: FORT LAUDERDALE, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SANDERS, KENNETH W
Address: 4829 LAFAYETTE AVENUE
City-St-Zip: FORT WORTH, TX 76107

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 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: KENNETH W. SANDERS

DP

01/28/2008

Electronic Signature of Signing Officer or Director

_____ Date