

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2009  
Secretary of State**

DOCUMENT# N06000006006

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 W  
Address: 4829 LAFAYETTE AVENUE  
City-St-Zip: FORT WORTH, TX 76107

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: ( ) 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 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

04/14/2009

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

\_\_\_\_\_  
Date