

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N07430** (4)
1. Corporation Name
HOLLY FOREST MOBILE HOMEOWNERS ASSOC. INC.



Principal Place of Business % MARY GARMAN 1000 WALKER ST LOT 218 HOLLY HILL FL 32117	Mailing Address % MARY GARMAN 1000 WALKER ST LOT 218 HOLLY HILL FL 32117
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3. Date Incorporated or Qualified 02/04/1985
4. FEI Number 59-2496443
Applied For ☐ Not Applicable

2. Principal Place of Business 21 PAULETTE R.M. CYR Suite, Apt. #, etc. 22 1000 WALKER ST LOT 25 City & State 23 HOLLY HILL FL Zip 24 32117	2a. Mailing Address 26 PAULETTE R.M. CYR Suite, Apt. #, etc. 27 1000 WALKER ST LOT 25 City & State 28 HOLLY HILL FL Zip 29 32117	Country 25 U.S.A	Country 30 U.S.A
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent GARMAN, MARY 1000 WALKER ST LOT 218 HOLLY HILL FL 32117

10. Name and Address of New Registered Agent 81 Name PAULETTE R.M. CYR 82 Street Address (P.O. Box Number is Not Acceptable) 1000 WALKER ST LOT 25 83 84 City HOLLY HILL FL 85 Zip Code 32117

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 *Paulette R.M. Cyr* **PAULETTE R.M. CYR, PRES. 13 FEB. 1998**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	BUCK, HAROLD	
STREET ADDRESS	1000 WALKER ST LOT 119	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE	TD	☒ DELETE
NAME	BISHARD, KENNETH	
STREET ADDRESS	1000 WALKER ST LOT 365	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	D	☒ DELETE
NAME	ELKINS, MARGARET	
STREET ADDRESS	1000 WALKER ST LOT 023	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE	D	☒ DELETE
NAME	VANAUKEN, BRADFORD	
STREET ADDRESS	1000 WALKER ST LOT 114	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	D	☐ DELETE
NAME	WEIMER, JEAN	
STREET ADDRESS	1000 WALKER ST LOT 246	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	V.	☐ Change ☒ Addition
1.2 NAME	TERRANCE N DOUCETTE	
1.3 STREET ADDRESS	1000 WALKER ST # 397	
1.4 CITY-ST-ZIP	HOLLY HILL FL 32117	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	LORRAINE BUCKLES	
2.3 STREET ADDRESS	1000 WALKER ST # 374	
2.4 CITY-ST-ZIP	HOLLY HILL FL 32117	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	MARGARET CHELSTON	
3.3 STREET ADDRESS	1000 WALKER ST # 109	
3.4 CITY-ST-ZIP	HOLLY HILL FL 32117	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	RUTH DEBURY	
4.3 STREET ADDRESS	1000 WALKER ST # 63	
4.4 CITY-ST-ZIP	HOLLY HILL FL 32117	
5.1 TITLE	T	☐ Change ☒ Addition
5.2 NAME	GEORGENE EMSHOFF	
5.3 STREET ADDRESS	1000 WALKER ST 59	
5.4 CITY-ST-ZIP	HOLLY HILL FL 32117	
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: **PAULETTE R.M. CYR, PRES.**

CR2037 (10/97)