## -- FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # N07430**

1. Corporation Name

HOLLY FOREST MOBILE HOMEOWNERS ASSOC. INC.

Principal Place of Business PAULETTE RM CYR 1000 WALKER ST LOT 25 HOLLYHILL FL 32117

Mailing Address

PAULETTE RM CYR 1000 WALKER ST LOT 25 HOLLYHILL FL 32117

## **FILED** Feb 26, 1999 8:00 am Secretary of State

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| 1                     |   |   |                | ļ   |   |                            |               |
|-----------------------|---|---|----------------|---|---|----------------------------|---------------|
| 2. Principal P        | lace of Business  | 2a. Mailing Address                       |                |   | 3. Date Incorporated or Qualifed              |                            |               |
| 21 Kest               | LTARRER   | 26 Keith Tiars                            | ζeΚ-           |   | 02/04/1985                                    |                            |               |
| Suite, Apt.           | #, etc  | Suite, Apt. #, etc.                       | 4              | _   | 4. FEI Number                                 | Apr                        | plied For     |
| 22 1 (7) 31 1         | NAIKER St 328   | 27 1 UOU WAI 177                          | 254            | 328   | . <b>59-2496443</b>                           | Not                        | l Applicable  |
| City & Stat           | e   | City & State 28 1011 1111                 |                |   | 5. Certificate of Status Desired              | <b>\$8.75</b> A<br>Fee Red |               |
| 23 1011<br>Zip        | Country   | Zip 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | Country        |   | 6. Election Campaign Financing                | \$5.00                     | May Be        |
| 24 3211               | ´~  | 29 32 117 30                              | USA            |   | Trust Fund Contribution                       | Added to                   | •             |
| 24 3011               | 9. Name and Address of Current                                    |   |                |   | 10. Name and Address of New Registers         | d Agent                    |               |
|                       |   |   | 81 1           | Name  | = 2220  |                            |               |
| DALHETT               | DM CVD  |   | 00             | K61+1   | TARRER  | <del> </del>               | · · · · · ·   |
| PAULETTE RM CYR       |   |   |                | 82 Street Address (P.Q. Box Number is Not Acceptable) |   |                            |               |
| 1000 WALKER ST LOT 25 |   |   |                | 0000  |   |                            |               |
| HULLY HI              | LL FL 32117   |   |                |   |   |                            |               |
|                       |   |   | 84             | City<br>Flo1  | . <i>4.1</i> ) F                              | 85 Zip C                   | NY7           |
| 11 5                  | 4- M  | and 617 1509 Florido Statutos             | the above-n    |   | tion submits this statement for the purpose   |                            | registered    |
| office or r           | egistered agent, or both, in the State o                          | f Florida. Such change was autr           | ionzed by the  | e corporation's                                       | s board of directors. I hereby accept the app | ointment as rec            | jistered      |
| agent. I a            | m familiar with, and accept the obligation                        | ons of, Section 617.0503, Florid          | a Statutes.    |   |   | _                          |               |
| SIGNATURE             | Keith larrer  |   |                |   | 1-19-   | 77                         |               |
| 12.                   | Signature, typed or printed name of registered agent OFFICERS AND |   | 13.            | gnature required w                                    | ADDITIONS/CHANGES TO DEFICERS                 |                            | RS IN 12      |
|                       |   | DELETE                                    | 1.1 TITLE      | NICE  | , Coasiders                                   | Change                     | Addition      |
| TITLE                 | DOLLOFTE TERRANCE AL  | )—\Deleter-                               | 1.2 NAME       |   |   |                            | 7             |
| NAME                  | DOUCETTE, TERRANCE N  |   |                |   | - NEBR ST                                     |                            |               |
| STREET ADDRESS        | 1000 WALKER ST SUITE 387  |   | 1.3 STREET AC  | MARSS 1004  | 11 EL 22.1.7                                  |                            |               |
| CITY-ST-ZIP           | HOLLY HILL FL 31117   | D DELETT                                  | 1.4 CITY-ST-Z  | P61   | 1 Ani), FL 32117                              | El Change                  | Addition      |
| TITLE                 | D   | ☐ DELETE                                  | 2.1 TTLE       | もら  | U Buck south ser                              | ) [] Criange               | K) V(valiboti |
| NAME                  | BUCKLES, LORRAINE   |   | 2.2 NAME       | 1000  | , was ked st 31                               |                            |               |
| STREET ADDRESS        | 1000 W ALKER ST SUITE 374   |   | 2.3 STREET AC  | DDRESS  | 14 HILL EL 32117                              |                            |               |
| CITY-ST-Z3P           | HOLLYHILL FL 32117  |   | 2.4 CITY-ST-2  | ZIP #OI   | 14 1511 )                                     |                            | - 1 and       |
| TITLE                 | D   | DELETE                                    | 3.1 TITLE      | chi   | WALKER ST # 354                               | Change                     | Addition      |
| NAME                  | CHELSTON, MARGARET  |   | 3.2 NAME       |   | " " ID I KEIC ST ' " " " " " "                |                            |               |
| STREET ADDRESS        | 1000 WALKER ST SUITE 109  |   | 3.3 STREET AD  | DDRESS  | 11.05 12 17                                   |                            |               |
| CITY-ST-ZIP           | HOLLYHILL FL 32117  |   | 3.4. CITY-ST-7 | ZIP HO!   | 14 Hill, FL 32117                             |                            |               |
| TITLE                 | D   | DELETE                                    | 4.1 TITLE      | D   | Doden   | ☐ Change                   | Addition      |
| NAME                  | DEVENY, RUTH  |   | 4. 2 NAME      | Rut   | 1 1 Kel 1 7 63                                |                            |               |
| STREET ADDRESS        | 1000 WALKER ST SUITE 63   |   | 4.3 STREET AC  | DORESS JOUR   | n Deveny, wasker st # 63                      |                            |               |
| CITY-ST-ZIP           | HOLLYHILL FL 32117  |   | 4.4 CITY-ST-Z  | I Holl  | 14 HIN, FL 32117                              |                            |               |
| TITLE                 | T   | <b>A</b> PELETE                           | 5.1 TITLE      | D   | , , ,   | Change                     | Addition      |
| NAME                  | EMSHOFF, GEORGENE   | •   | 5.2 NAME       | Ber   | Ferriera #7                                   |                            |               |
| STREET ADDRESS        |   |   | 5.3 STREET AL  | DDRESS LOCAL  | WALKET ST "                                   |                            |               |
| CITY-ST-ZIP           | HOLLY HILL FL 32117   |   | 5.4 CITY-ST-Z  | الملا الا   | Henrek<br>Hill ET 3911)                       |                            |               |
|                       | Pormi dem   | ☐ DELETE                                  | 6.1 TITLE      | Tre   | fourek  | Change                     | Addition      |
| NAME                  | Keith TARRED of A   | 328                                       | 6.2 NAME       | 1   |   |                            | -             |
| NAME                  | inno walker 5   | <b>₩</b> • •                              | 6.3 STREET AL  | DORESS PAC  | WAIKER ST #338                                |                            |               |
| STREET ADDRESS        | 1000  | <del>-</del> -7                           | E SOUTHER THE  | 1/2/2/  | יישאומנייי                                    |                            |               |

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, with all other like empowered.