

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07430

1. Entity Name

HOLLY FOREST MOBILE HOMEOWNERS ASSOC. INC.

Principal Place of Business

KEITH TARRER
1000 WALKER ST # 328
HOLLYHILL FL 32117
US

Mailing Address

KEITH TARRER
1000 WALKER ST #328
HOLLYHILL FL 32117
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2496443

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TARRER, KEITH
1000 WALKER ST LOT 328
HOLLY HILL FL 32117

7. Name and Address of New Registered Agent

Name Brenda CARTER
Street Address (P.O. Box Number is Not Acceptable)
1000 WALKER #275
Holly Hill
City FL Zip Code 32117

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.

SIGNATURE

Brenda Carter Brenda CARTER Treasurer

1-19-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	☒ Delete
NAME	DESAULTS, ART	
STREET ADDRESS	100 WALKER ST # 8	
CITY-ST-ZIP	HOLLY HILL FL 31117	
TITLE	T	☒ Delete
NAME	SCHMITT, LOUIS	
STREET ADDRESS	1000 WALKER ST #328	
CITY-ST-ZIP	HOLLYHILL FL 32117	
TITLE	S	☒ Delete
NAME	ANDERSON, ANN	
STREET ADDRESS	1000 WALKER ST #31	
CITY-ST-ZIP	HOLLYHILL FL 32117	
TITLE	D	☒ Delete
NAME	DEVENY, RUTH	
STREET ADDRESS	1000 WALKER ST SUITE 63	
CITY-ST-ZIP	HOLLYHILL FL 32117	
TITLE	D	☒ Delete
NAME	DEFELICE, LUCY	
STREET ADDRESS	1000 WALKER ST #68	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	P	☒ Delete
NAME	TARRER, KEITH	
STREET ADDRESS	1000 WALKER ST. #328	
CITY-ST-ZIP	HOLLY HILL FL 32117	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V.P	☒ Change ☐ Addition
NAME	SUSAN KRAMER	
STREET ADDRESS	1000 WALKER #42	
CITY-ST-ZIP	Holly Hill FL 32117	
TITLE	T	☒ Change ☐ Addition
NAME	Brenda CARTER	
STREET ADDRESS	1000 WALKER ST #275	
CITY-ST-ZIP	Holly Hill FL 32117	
TITLE	S	☒ Change ☐ Addition
NAME	DIANNE GRACIE	
STREET ADDRESS	1000 WALKER ST #33	
CITY-ST-ZIP	Holly Hill FL 32117	
TITLE	D	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME	MARY GARMAN	
STREET ADDRESS	1000 WALKER #208	
CITY-ST-ZIP	Holly Hill FL 32117	
TITLE	P	☒ Change ☐ Addition
NAME	HARVEY BYRAM	
STREET ADDRESS	1000 WALKER #330	
CITY-ST-ZIP	Holly Hill FL 32117	

12. 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 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:

Brenda CARTER Brenda CARTER

Date

1-19-01

Daytime Phone #

904 238-3840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90182 018 ****61.25

C0011384



DO NOT WRITE IN THIS SPACE