NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)			FILED Mar 24, 2004 8:00 am	
DOCUMENT # 107430 1. Entity Name Holly Forest Mobile Homeon) wners Assoc .I	Inc	,	y of State 044 013 ****70.00
DO NOT WRITE IN THIS SPA 2. Principal Place of Business 1800 WALKER 3. Mailing Address 1800 WALKER		ACE	2.4	4028038
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE	
City & State Holly H:11 F/ Zip Country	City & State Horly Hill	F/ Country	4. FEI Number 7430	Applied For Not Applicable \$8.75 Additional
32117 Country VolusiA U.S.A.	32117	U-S.A.	5. Certificate of Status Desired	Fee Required
DO NOT WRITE IN THIS SPACE.		Street Address	7. Name and Address of Current Records CARTER PO-Box Number is Not Acceptable) WALKER 427	FL Zip Code 32//7
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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and title i	f applicable. (NOTE: R	Registered Agent signature required		3-6-04 DATE
FEE IS \$61.25 Initial or Amended UBR	9. Election Camp Trust Fund Cor	· · ·		Check Payable to Department of State
10. OFFICERS AND DIRECTOR TITLE NAME STREET ADDRESS CITY-ST-ZIP HOTIL HILL TI 32	President	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 1000 WALKER CITY-ST-ZIP HOLLY HILL F1 32	Vice President	TITLE NAME STREET ADDRESS CITY: ST-ZIP		
DIANNE Gracie STREET ADDRESS. 1.600 Walker #33 CITY-ST-ZIP Holly Hill Pl 3211	Secretary	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT V	VRITE
TITLE NAME STREET ADDRESS 1000 Walker Holly Hill F1 32117		TIFLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS S	PACE
TITLE NAME ANN ANDERSON STREET ADDRESS 1000 WALKER # 3 CITY-ST-ZIP HONY H: 11 FT 321	Board rumber	TIFLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP HALL HILL FI &	Board Vnumber	NAME STREET ADDRESS CITY ST-ZIP		

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

3-6-04