

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90374 001 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                               |                                                                                                                     |                                                                                                                                                                                        |                                                                                                 |                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N07430</b><br>1. Entity Name<br><b>HOLLY FOREST MOBILE HOMEOWNERS ASSOC. INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                               |                                                                                                                     |                                                                                                                                                                                        |                                                                                                 |                                                                              |
| Principal Place of Business<br><b>1000 WALKER<br/>HOLLYHILL FL 32117<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                               |                                                                                                                     | Mailing Address<br><b>1000 WALKER<br/>#275<br/>HOLLYHILL FL 32117<br/>US</b>                                                                                                           |                                                                                                 |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                               | 3. Mailing Address                                                                                                  |                                                                                                                                                                                        |                                                                                                 |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               | Suite, Apt. #, etc.                                                                                                 |                                                                                                                                                                                        |                                                                                                 |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                               | City & State                                                                                                        |                                                                                                                                                                                        | 4. FEI Number<br><b>59-2496443</b>                                                              |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               | Country                                                                                                             |                                                                                                                                                                                        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                                              |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                               |                                                                                                                     | 7. Name and Address of New Registered Agent                                                                                                                                            |                                                                                                 |                                                                              |
| <b>CARTER, BRENDA<br/>1000 WALKER #275<br/>HOLLY HILL FL 32117</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |                                                                                                                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                                 |                                                                              |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                               |                                                                                                                     |                                                                                                                                                                                        |                                                                                                 |                                                                              |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                        | <b>Make Check Payable to<br/>Florida Department of State</b>                                    |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                               |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                  |                                                                                                 |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>P</b><br><b>CARTER, BRENDA</b><br><b>1000 WALKER # 275</b><br><b>HOLLY HILL FL 32117</b>   | <input checked="" type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <b>P</b><br><b>LINDA L. COOPER</b><br><b>1000 WALKER ST # 298</b><br><b>Holly Hill FL 32117</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>V</b><br><b>PRICE, EVELYN</b><br><b>1000 WALKER</b><br><b>HOLLYHILL FL 32117</b>           | <input checked="" type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <b>V</b><br><b>ANN ANDERSON</b><br><b>1000 WALKER ST LOT 31</b><br><b>Holly Hill FL 32117</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>S</b><br><b>GRACIE, DIANE</b><br><b>1000 WALKER ST #33</b><br><b>HOLLYHILL FL 32117</b>    | <input checked="" type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <b>S</b><br><b>MARIE D. GUNLO</b><br><b>1000 WALKER ST - 339</b><br><b>Holly Hill, FL 32117</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>T</b><br><b>HUSSURON, CAMILLE</b><br><b>1000 WALKER</b><br><b>HOLLYHILL FL 32117</b>       | <input checked="" type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <b>T</b><br><b>Kitty Mikol</b><br><b>1000 WALKER ST LOT 145</b><br><b>Holly Hill FL 32117</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>BM</b><br><b>ANDERSON, ANN</b><br><b>1000 WALKER # 31</b><br><b>DAYTONA BEACH FL 32117</b> | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <b>BM</b><br><b>DOREEN GREIG</b><br><b>1000 WALKER ST # 47</b><br><b>HOLLY HILL FLA 32117</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>BM</b><br><b>FLETCHER, ROSALIE</b><br><b>1000 WALKER</b><br><b>HOLLY HILL FL 32117</b>     | <input checked="" type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <b>BM</b><br><b>WANDY WALLACE</b><br><b>1000 WALKER ST # 321</b><br><b>HOLLY HILL FLA 32117</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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. |                                                                                               |                                                                                                                     |                                                                                                                                                                                        |                                                                                                 |                                                                              |
| <b>SIGNATURE:</b> <u>Linda L. Cooper</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                               |                                                                                                                     | <u>4/12/2005</u><br>Day Daytime Phone #                                                                                                                                                |                                                                                                 |                                                                              |