

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90234 005 ****61.25

DOCUMENT # N07430

1. Entity Name

HOLLY FOREST MOBILE HOMEOWNERS ASSOC. INC.



Principal Place of Business

**HARVEY W. BYRAM
1000 WALKER ST # 330
HOLLYHILL FL 32117
US**

Mailing Address

**HARVEY W. BYRAM
1000 WALKER ST # 330
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

7. Name and Address of New Registered Agent

**CARTER, BRENDA
1000 WALKER #275
HOLLY HILL FL 32117**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-12-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **AUFLICK, JAMES**
CITY-ST-ZIP **100 WALKER ST., #128
HOLLY HILL FL 32117**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **CARTER, BRENDA**
CITY-ST-ZIP **1000 WALKER ST #275
HOLLYHILL FL 32117**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **GRACIE, DIANE**
CITY-ST-ZIP **1000 WALKER ST #33
HOLLYHILL FL 32117**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PRICE, EVELYN**
CITY-ST-ZIP **1000 WALTER ST, LOT 75
HOLLYHILL FL 32117**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FLETCHER, ROSALIE**
CITY-ST-ZIP **1000 WALKER ST, #258
DAYTONA BEACH FL 32117**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **BYRAM, HARVEY**
CITY-ST-ZIP **1000 WALKER ST #330
HOLLY HILL FL 32117**

TITLE ☐ Change ☐ Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Brenda Carter 2-12-03 386 238-3840

CR2E037 (10/02)