


AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 OCT 26 AM 10:28

DOCUMENT # N95000003963 (4)

1. Corporation Name

HOLLYBROOK RESIDENT ASSOCIATION INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business	Mailing Address
104 KING ST JACKSONVILLE FL 32204	104 KING ST JACKSONVILLE FL 32204

3. Date Incorporated or Qualified	08/17/1995
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4. FEI Number	NOT APPLICABLE	Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
24 Zip	25 Country	29 Zip	30 Country

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent	
FUDGE, LINDA M 104 KING ST #49 JACKSONVILLE FL 32204	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1.1 TITLE
NAME	FUDGE, LINDA	1.2 NAME
STREET ADDRESS	104 KING ST #49	1.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE 32 204	1.4 CITY-ST-ZIP
TITLE	VPT	2.1 TITLE
NAME	HOUSE, YVONNE	2.2 NAME
STREET ADDRESS	104 KING ST	2.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP
TITLE	IT	3.1 TITLE
NAME	HOGAN, YVONNE	3.2 NAME
STREET ADDRESS	104 KING ST	3.3 STREET ADDRESS
CITY-ST-ZIP	JAX FL 32204	3.4 CITY-ST-ZIP
TITLE	ST	4.1 TITLE
NAME	ELAM, BRENDA	4.2 NAME
STREET ADDRESS	104 KING ST	4.3 STREET ADDRESS
CITY-ST-ZIP	JAX FL	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

1.1 TITLE	P.O.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brown, Elna	
1.3 STREET ADDRESS	104 King St. Apt. 103	
1.4 CITY-ST-ZIP	Jacksonville, Fl. 32204	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T.T.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hogan, Yvonne	
3.3 STREET ADDRESS	104 King St. Apt. 119	
3.4 CITY-ST-ZIP	Jacksonville, Fl. 32204	
4.1 TITLE	S.T.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Elam, Brenda	
4.3 STREET ADDRESS	104 King St. Apt. 31	
4.4 CITY-ST-ZIP	Jacksonville, FL 32204	
5.1 TITLE	600002676738	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-10/30/98--01057--002	
5.3 STREET ADDRESS	****236.25	
5.4 CITY-ST-ZIP	****236.25	
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: Edna Brown & Elna Brown 10-5-98 (904) 388-3457
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000697

CR2E037 (5/98)