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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003963

i. Corporation Name
HOLLYBROOK RESIDENT ASSOCIATION INC.

Principal Place of Business
104 KING ST
JACKSONVILLE FL 32204

Mailing Address
104 KING ST
JACKSONVILLE FL 32204



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	08/17/1995
City & State	27 City & State	4. FEI Number
Zip	28 Zip	NOT APPLICABLE
Country	29 Country	Applied For
25	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

FUDGE, LINDA M
104 KING ST
#49
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent	
81 Name	Edna Brown X
82 Street Address (P.O. Box Number is Not Acceptable)	104 King St. #103
83	
84 City	Jacksonville FL
85 Zip Code	32204

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, typed or printed name of registered agent and title if applicable. Edna Brown - President Edna Brown X 01-14-99 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD BROWN, ELNA 104 KING ST APT 103 JACKSONVILLE FL 32204	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Edna Brown 104 King St #103 Jacksonville, Fla. 32204 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TT HOGAN, YVONNE 104 KING ST. APT. 119 JACKSONVILLE FL 32204	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TT Yvonne Hogan 104 King St. #119 Jacksonville, Fl. 32204 <input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ELAM, BRENDA 104 KING ST APT 31 JACKSONVILLE FL 32204	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ST Elaine Polke 104 King St. #151 Jacksonville, Fla. 32204 <input type="checkbox"/> Change <input type="checkbox"/> Addition
V.P. John Cribb 104 King St. #81 Jacksonville, Fla. 32204	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	John Cribb - V.P. 104 King St. # 81 Jacksonville, Fl. 32204 <input type="checkbox"/> Change <input type="checkbox"/> Addition
Chaplin Mae Etha Bailey 104 King St. #123 Jacksonville, Fl. 32204	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Chaplin Mae Etha Bailey 104 King St. #123 Jacksonville, Fl. 32204 <input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Edna Brown SIGNATURE REQUIRED Edna Brown 01-14-99 (904) 384-5517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)