I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SANDRA BRYAN

Electronic Signature of Signing Officer/Director Detail

837 ORCHID SPRINGS DR WINTER HAVEN. FL 33884

## **Current Mailing Address:**

837 ORCHID SPRINGS DR WINTER HAVEN, FL 33884 US

## FEI Number: 59-2454850

## Name and Address of Current Registered Agent:

BRYAN, SANDRA 837 ORCHID SPRINGS DR WINTER HAVEN, FL 33884 US

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.

SIGNATURE:	SANDRA BRYAN		05/06/2019	
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	VP, ASST. TREASURER, DIRECTOR	Title	PRESIDENT, SECRETARY,	
Name	BRYAN, WOODROW	News	TREASURER, DIRECTOR	
Address	837 ORCHID SPRINGS DR	Name	BRYAN, SANDRA	
City-State-Zip:	WINTER HAVEN FL 33884	Address	837 ORCHID SPRINGS DR	
		City-State-Zip:	WINTER HAVEN FL 33884	
Title	ASST. VP, DIRECTOR			
Name	JONES, LINDA			
Address	837 ORCHID SPRINGS DR			
City-State-Zip:	WINTER HAVEN FL 33884			

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05347

Entity Name: THE DOGWOOD/HOLLY ASSOCIATION, INC.

**Current Principal Place of Business:** 

May 06, 2019 Secretary of State 5952126601CC

FILED

Certificate of Status Desired: No

PRESIDENT

05/06/2019

Date