FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 719845

(0)

HOLLY GREENS VILLA, INC.

Principal Place of Business Mailing Address						, , , , , , , , , , , , , , , , , , , ,				
3070 GULF SHORE BLVD NO 3070 GULF SHORE BLVD N NAPLES FL 33940 NAPLES FL 33940										
						3. Date incorporated or Qualified 12/14/1970	3a. Date o 04	f Last R /05/19		
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number			pplied For	
21		26				59-1405101		-	ot Applicable	
Suite, Apt. #		Suite, Apt. #, etc.			******	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				, -	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23 Zip	Country	Zip Country				8. This corporation has liability for intangible tax under s. 199.032,				
24	25					Florida Statutes Yes X No				
1	9. Name and Address of Currer	t Registered Agent				10. Name and Address of New R	egistered Age	nt		
				81	Name					
STETLER, RONALD L.				82	Street	t Address (P.O. Box Number is Not Acceptable)				
	I STREET, S., STE 308		83					-		
NAPLES	FL 33940				0.1			FT 70	Code	
				84	City		FL	`		
or registers	o the provisions of Sections 617.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect	da. Such change was authori	ized by the :	ove-n corpa	amed co oration's	proration submits this statement for the pur board of directors. I hereby accept the appo	pose of changir sintment as regi	ng its re stered a	gistered office agent. I am	
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable (N	Ole Registere	d Agen	t signature re	squired when renotating)	DVIF			
12.	OFFICERS AN					ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR				
TITLE	VD DELETE		11T	1 1 TIFLE				hange	Addition	
NAME	reiter, frederick g		. 1.2 N	IAMÉ						
STREET ADDRESS	3070 GULF SHORE BLVD N				ADDRESS					
CITY - ST - ZIP	NAPLES, FL 00000			1.4 CITY-ST-ZIP 2.1 TITLE				hange	Addition	
TITLE	PD ADTUUD	Thereis	2 1 TITLE 2 2 NAME					nungo		
NAME	DECKER, ARTHUR 3070 GULF SHORE BLVD N				AODRESS					
STREET ADDRESS	NAPLES FL		2 4 CI							
CITY-ST-ZIP TITLE	VD	□ DELE TE		3.1 TITLE				hange	Addition	
NAME	WHELAN, ALBERT			VAME						
STREET ADORESS	3070 GULF SHORE BLVD N		335	STREET	ADDRESS					
CITY-ST-ZIP	NAPLES FL		3.4.	CITY-	5T - ZIP					
TITLE	VO	DELETE	4.1	TITLE				Change	Addition	
NAME	HOMER, EDWIN		4 2	NAME						
STREET ADDRESS	3070 GULF SHORE BLVD N		4.3 \$	STREET	ADDRESS					
CITY-ST-ZIP	NAPLES, FL 00000			CITY-5	T-ZIP	12	<u>*</u>	260000	[] Addison	
TITLE	VD	DELETE		TITLE		VP P	×	Change	Addition	
NAME	MACLEAN, SAMUEL			NAME		2016. C. 1656 ale Blu	d N.			
STREET ADDRESS	3070 GULF SHORE BLVD N				ADDRESS	3010 6014 Short 510	()			
CITY - ST - ZIP	NAPLES, FL 00000	DELETE		_	ST-ZIP	OLMEN, P. 3010 Gulf Shore Blu Naples, FL 3394		Change	Addition	
TITLE	DEOUTE MANOE			6.1 TITLE 6.2 NAME			<u>.</u> ,	,,		
NAMÉ	DECKER, JANICE	1			LADORECC					
STREET ADDRESS	3070 GULF SHORE BLVD N	I	- 1		L ADDRESS					
CITY-ST-ZIP	NAPLES, FL 00000	Lwith this filing is voluntarily fu		CHY-I		alify for the exemption stated in Section 119	.07(3)(k), Florida	a Statut	es. I further	

4. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 of 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 order attackment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. H. DE CKET

941:24 1503