


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **719845** (0)
1. Corporation Name
HOLLY GREENS VILLA, INC.

Principal Place of Business Mailing Address
**3070 GULF SHORE BLVD NO
NAPLES FL 33940- 34103** **3070 GULF SHORE BLVD NO
NAPLES FL 34103-3935**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1970	3a. Date of Last Report 03/13/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1405101	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STETLER, RONALD L. 201 8TH STREET, S., STE 308 NAPLES FL 33940- 34102		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	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REITER, FREDERICK G	1.2 NAME	
STREET ADDRESS	3070 GULF SHORE BLVD N	1.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES, FL 00000 34103	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECKER, ARTHUR	2.2 NAME	
STREET ADDRESS	3070 GULF SHORE BLVD N	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 34103	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHELAN, ALBERT	3.2 NAME	
STREET ADDRESS	3070 GULF SHORE BLVD N	3.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL 34103	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOMER, EDWIN	4.2 NAME	
STREET ADDRESS	3070 GULF SHORE BLVD N	4.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES, FL 00000 34103	4.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLMEN, P.	5.2 NAME	
STREET ADDRESS	3070 GULF SHORE BLVD N	5.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES, FL 00000 34103	5.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DECKER, JANICE	6.2 NAME	
STREET ADDRESS	3070 GULF SHORE BLVD N	6.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES, FL 00000 34103	6.4 CITY - ST - ZIP	

14. I do 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: *Arthur Decker* 3/8/97 261-3247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0068919

CR2E037 (9/96)