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FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 3070 GULF SHORE BLVD NO NAPLES FL 34103 US	Mailing Address 3070 GULF SHORE BLVD NO NAPLES FL 33940
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3. Date Incorporated or Qualified 12/14/1970		
4. FEI Number 59-1405101	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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		

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Sulte, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent

**STETLER, RONALD L.
201 8TH STREET, S., STE 308
NAPLES FL 34102**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	REITER, FREDERICK G	
STREET ADDRESS	3070 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DECKER, ARTHUR	
STREET ADDRESS	3070 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WHELAN, ALBERT	
STREET ADDRESS	3070 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOMER, EDWIN	
STREET ADDRESS	3070 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	OLMEN, P.	
STREET ADDRESS	3070 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DECKER, JANICE	
STREET ADDRESS	3070 GULF SHORE BLVD N	
CITY-ST-ZIP	NAPLES, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STARK, KEN	
1.3 STREET ADDRESS	3070 GULF SHORE BLVD N	
1.4 CITY-ST-ZIP	NAPLES, FL 34103	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MEYERS, MIKE	
2.3 STREET ADDRESS	3070 GULF SHORE BLVD N	
2.4 CITY-ST-ZIP	NAPLES, FL 34103	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOHNSON, JOAN	
5.3 STREET ADDRESS	3070 GULF SHORE BLVD N	
5.4 CITY-ST-ZIP	NAPLES, FL 34103	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Milroy A. Meyers Pres* **4-16-98** **775-2400**

CR2E037 (10/97)