


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90112 042 \*\*\*\*61.25

<b>DOCUMENT # 719845</b> 1. Entity Name <b>HOLLY GREENS VILLA, INC.</b>					
Principal Place of Business <b>3070 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103 US</b>				Mailing Address <b>3070 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MELDON, THOMAS E C/O MELDON CONSULTANTS 800 HARBOUR DR NAPLES, FL 34103</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP OLMEN, PATRICIA 3070 GULF SHORE BLVD N #205 NAPLES, FL 34103</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GIBBONS, GAIL 3070 GULF SHORE BLVD N #109 NAPLES, FL 34103</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOMER, EDWIN 3070 GULF SHORE BLVD N #101 NAPLES, FL 34103</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD JOHNSON, JOAN 3070 GULF SHORE BLVD N #202 NAPLES, FL 34103</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD DECKER, BEVERLY 72 PROSPECT ST BARRINGTON, RI 02806</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CROVO, ADELINE 3070 GULF SHORE BLVD N #201 NAPLES, FL 34103</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HOMER, KATHERINE 3070 GULF SHORE BLVD N #101 NAPLES, FL 34103</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD JOHNSON, JOAN 3070 GULF SHORE BLVD N #202 NAPLES, FL 34103</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD DECKER, BEVERLY 72 PROSPECT ST BARRINGTON, RI 02806</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CROVO, ADELINE 3070 GULF SHORE BLVD N #201 NAPLES, FL 34103</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Patricia M. Olmen Pures</i> <b>4/28/05 239-2632579</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					