


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90138 037 ****61.25

DOCUMENT # 719845 1. Entity Name HOLLY GREENS VILLA, INC.					
Principal Place of Business 3070 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103 US			Mailing Address 3070 GULF SHORE BOULEVARD NORTH NAPLES, FL 34103 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4949 Tamiami Trail N.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE 201			
City & State		City & State Naples, FL			
Zip	Country	Zip 34103-3017	Country	4. FEI Number 59-1405101	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, WILLIAM C/O MELDON CONSULTANTS 4949 TAMIAMITRL N STE201 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLMEN, PATRICIA 3070 GULF SHORE BLVD N 205 NAPLES, FL 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIGTON, JOHN H 3070 GULF SHORE BLVD N #108 NAPLES, FL 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRIFFITH, JIM 3070 GULF SHORE BLVD N #104 NAPLES, FL 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JOAN 3070 GULF SHORE BLVD N 202 NAPLES, FL 34103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DECKER, BEVERLY 72 PROSPECT ST BARRINGTON, RI 02806	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
SIGNATURE: <i>Patricia M. Olmen</i> Secretary <i>4/8/08 239-263-2519</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					