

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90325 021 ****61.25

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DOCUMENT # 719845

1. Entity Name

HOLLY GREENS VILLA, INC.



Principal Place of Business

**C/O MELDON CONSULTANTS
800 HARBOUR DR.
NAPLES FL 34103
US**

Mailing Address

**C/O MELDON CONSULTANTS
800 HARBOUR DR.
NAPLES FL 34103
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1405101**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MELDON, THOMAS E
C/O MELDON CONSULTANTS
800 HARBOUR DR
NAPLES FL 34103**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **VD** ☐ Delete
NAME **OLMEN, PATRICIA**
STREET ADDRESS **3070 GULF SHORE BLVD N #205**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☒ Delete
NAME **WHELAN, ALBERT**
STREET ADDRESS **3070 GULF SHORE BLVD N**
CITY-ST-ZIP **NAPLES FL**

TITLE **S** ☐ Change ☒ Addition
NAME **GIBBONS, GAIL**
STREET ADDRESS **3070 GULF SHORE BLVD. N #109**
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **D** ☐ Delete
NAME **HOMER, EDWIN**
STREET ADDRESS **3070 GULF SHORE BLVD N #101**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PD** ☐ Delete
NAME **JOHNSON, JOAN**
STREET ADDRESS **3070 GULF SHORE BLVD N #202**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **TD** ☐ Delete
NAME **DECKER, BEVERLY**
STREET ADDRESS **72 PROSPECT ST**
CITY-ST-ZIP **BARRINGTON RI 02806**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE **D** ☐ Change ☒ Addition
NAME **CROVO, ADELINE**
STREET ADDRESS **3070 GULF SHORE BLVD. N #201**
CITY-ST-ZIP **NAPLES, FL 34103**

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.

SIGNATURE: Joan Johnson - President 4/28/03 (239) 403-0371

CR2E037 (10/02)