


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 725351 1. Entity Name DELRAY DUNES HOLLY VILLAS, INC.					
Principal Place of Business HOLLY VILLAS, DELRAY DUNES BOYNTON BEACH, FL 33436			Mailing Address 18 HOLLY DRIVE BOYNTON BEACH, FL 33436 US		
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	
SMITH, THOMAS A CPA 96 N.E. FOURTH AVENUE DELRAY BEACH, FL 33483				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, 2006		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	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELLS, BEVERLY		NAME		
STREET ADDRESS	9 HOLLY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONZALES, KEVIN		NAME		
STREET ADDRESS	2 HOLLY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMYTHE, DONALD K		NAME		
STREET ADDRESS	13 HOLLY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REINMUND, B. FRED		NAME		
STREET ADDRESS	16 HOLLY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VREELAND, DR. ELEANOR P		NAME		
STREET ADDRESS	18 HOLLY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



01172006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1577049 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #