

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90192 040 ****61.25

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DOCUMENT # 750793

1. Corporation Name

THE FOREST HEIGHTS-HOLLY HILLS AREA NEIGHBORHOOD
ASSOCIATION INC.

Principal Place of Business

1814 SHARON ROAD
TALLAHASSEE FL 32303
US

Mailing Address

1814 SHARON ROAD
TALLAHASSEE FL 32303
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

01/25/1980

4. FEI Number

59-2308616

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MULLER, NANCY A.
1814 SHARON ROAD
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE STD ☐ DELETE

NAME MULLER, NANCY A.
STREET ADDRESS 1814 SHARON ROAD
CITY-ST-ZIP TALLAHASSEE FL

TITLE P ☐ DELETE

NAME ARNOLD, CURTIS
STREET ADDRESS 1903 RAA AVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE V ☐ DELETE

NAME MULDOON, KATE
STREET ADDRESS 1903 HOLLY STREET
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE

NAME JOHNSTON, MARCUS
STREET ADDRESS 1507 RAA AVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ DELETE

NAME MONCRIEF, WILLIAM
STREET ADDRESS 2111 GREAT OAK DR.
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

NANCY GAIARDI MULLER

Date

Daytime Phone #

3-15-99 850 4223057

CR2E037 (11/98)