


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2008 8:00 am
Secretary of State

08-06-2008 90018 026 ****61.25

| | | | | | |
|--|--|--|--|---|----------|
| DOCUMENT # 757495 1. Entity Name HOLLY-LEE APTS. CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 415 10TH AVENUE SOUTH NAPLES, FL 34102 | | | Mailing Address 415 10TH AVENUE SOUTH APT 2 NAPLES, FL 34102 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| | | 07302008 Chg-NP | | CR2E037 (12/06) | |
| 4. FEI Number 59-2813783 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| SAMOUCÉ, ROBERT C ESQ 2375 TAMiami TRAIL NORTH, SUITE 308 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee Is \$61.25 Due by September 12, 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 | DV WILSON, CHARLES 415 10TH AVE. SOUTH, APT 2 NAPLES, FL 34102 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV KLEUNER, ROY 415 10TH AVE. SOUTH, APT 3 NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Kenneth Schibi 415 10th Ave. South, Apt. 3 Naples, FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S BEDINGHAUS, ROSEMARY 415 10TH AVE. SOUTH, APT 1 NAPLES, FL 34102 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Janice Terry 415 10th Ave. South, Apt. 6 Naples, FL 34102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BRONNER, PAULINE 415 10TH AVE. SOUTH, APT 7 NAPLES, FL 34102 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MYKING, STEPHEN T 415 10TH AVE S #8 NAPLES, FL 34102 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>Stephen T. Myking</u> STEPHEN T. MYKING | | | 8/2/2008 239-659-6513 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

00046375

