2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2009
Secretary of State

DOCUMENT# 757495

Entity Name: HOLLY-LEE APTS. CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

415 10TH AVENUE SOUTH
NAPLES, FL 34102

New Principal Place of Business:

415 10TH AVENUE SOUTH
APT 8
NAPLES, FL 34102

Current Mailing Address:

415 10TH AVENUE SOUTH
APT 2
NAPLES, FL 34102

New Mailing Address:

415 10TH AVENUE SOUTH
APT 8
NAPLES, FL 34102

FEI Number: 59-2813783 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAMOUCE, ROBERT C ESQ
2375 TAMIAMI TRAIL NORTH, SUITE 308
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DV	( ) Delete
Name:	WILSON, CHARLES	
Address:	415 10TH AVE. SOUTH, APT 2	
City-St-Zip:	NAPLES, FL 34102	
Title:	D	( ) Delete
Name:	SCHIBI, KENNETH	
Address:	415 10TH AVE. SOUTH, APT 3	
City-St-Zip:	NAPLES, FL 34102	
Title:	S	( ) Delete
Name:	TERRY, JANICE	
Address:	415 10TH AVE. SOUTH, APT. 6	
City-St-Zip:	NAPLES, FL 34102	
Title:	T	( ) Delete
Name:	BRONNER, PAULINE	
Address:	415 10TH AVE. SOUTH, APT7	
City-St-Zip:	NAPLES, FL 34102	
Title:	D	( ) Delete
Name:	MYKING, STEPHEN T	
Address:	415 10TH AVE S #8	
City-St-Zip:	NAPLES, FL 34102	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN T. MYKING D 01/31/2009

Electronic Signature of Signing Officer or Director — Date