2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008
Secretary of State

DOCUMENT# 758330

Entity Name: HOLLY OAKS FOREST COMMUNITY AND SWIM CLUB, INC.

Current Principal Place of Business:

11120 MCCORMICK ROAD
JACKSONVILLE, FL 322350008 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 350008
JACKSONVILLE, FL 322350008 US

New Mailing Address:

FEI Number: 59-0971147 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCDERMOTT, JOHN
1786 HIGH BROOK COURT
JACKSONVILLE, FL 322254501 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: PD ( ) Delete
Name: CABREY, BRIAN
Address: 4869 ASHLEY MANOR WAY WEST
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VPD ( ) Delete
Name: WARREN, CAROLYN
Address: 2085 DERRINGER ROAD
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: TD ( ) Delete
Name: GILLRUP, ROB
Address: 11055 CREEKVIEW DRIVE
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VPD ( ) Delete
Name: LUCERO, ANTHONY
Address: 10922 HEATHFIELD ROAD
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: SD ( ) Delete
Name: BAILEY, CARRIE
Address: 1121 CREEKS RIDGE ROAD
City-St-Zip: JACKSONVILLE, FL 32225 US

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: ROB GILLRUP TD 03/12/2008

Electronic Signature of Signing Officer or Director — Date