

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 758330

**FILED**  
**Mar 12, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

11120 MCCORMICK ROAD  
JACKSONVILLE, FL 32225 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:**

WOLFSON, JULIA  
11441 BEACON DRIVE  
JACKSONVILLE, FL 322251004 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: PRES  
Name: CAIN, SHELLEY  
Address: 1841 RALEY ROAD  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: V-PR  
Name: ROMANOW, VANESSA  
Address: 1659 FLINTLOCK COURT  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: SECT  
Name: RANDALL, PAM  
Address: 10733 HIGH RIDGE ROAD  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: TREA  
Name: WOLFSON, JULIA  
Address: 11441 BEACON DRIVE  
City-St-Zip: JACKSONVILLE, FL 32225 US

I hereby 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 all other like empowered.

SIGNATURE: JULIA WOLFSON

TREA

03/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date