## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 764437** 

Title:

Name:

Address:

City-St-Zip:

FILED Jan 07, 2009 Secretary of State

Entity Name: HOLLY SQUARE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 840 CENTER AVE #105 840 CENTER AVE HOLLY HILL, FL 32117 #105 HOLLY HILL, FL 32117 US **Current Mailing Address: New Mailing Address:** 3511 S PENINSULA DR 3280 S. ATLANTIC AVENUE SUITE A PORT ORANGE, FL 32127 DAYTONA BEACH SHORES, FL 32118 US FEI Number: 59-1725708 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HUNT, JAMES HUNT, JAMES 3280 Ś. ATLANTIC AVENUE SE MGMT. SVCS. 3511 S PENINSULA DR SUITE A PORT ORANGE, FL 32127 US DAYTONA BEACH SHORES, FL 32118 US 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: 01/07/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete GIOVANELLA, SALLY Name: Name: 840 CTR AVE 24 Address: Address: City-St-Zip: DAYTONA BEACH, FL 32117 City-St-Zip: ( ) Delete Title: PD Title: () Change () Addition REYNOLDS, JEANNE Name: Name: Address: 840 CENTER AVE #3 Address: City-St-Zip: HOLLY HILL, FL 32117 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition HARVEY, MELANIE WAKEFIELD, THOMAS Name: Name: 840 CENTER AVE #70 840 CENTER AVE #29 Address: Address: City-St-Zip: HOLLY HILL, FL 32117 City-St-Zip: HOLLY HILL, FL 32117

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES HUNT RA 01/07/2009

( ) Delete

ROBERTS, JOAN

1029 ALABAMA AVE

HOLLY HILL, FL 32117

(X) Change ( ) Addition

SANTIAGO, ZAÍDA

840 CENTER AVENUE #91

HOLLY HILL, FL 32117