

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 17 1998 8:00am
Secretary of State

DOCUMENT # 765544

(2)

1. Corporation Name

THE HOLLINSED HOUSE CONDOMINIUM OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

THE HOLLINSED HOUSE CONDOMINIUM OWNERS ASSOCIATION, INC. (THE)
% 611 SOUTHARD STREET, APT. 1
KEY WEST FL 33040

THE HOLLINSED HOUSE CONDOMINIUM OWNERS ASSOCIATION, INC. (THE)
% 611 SOUTHARD STREET, APT. 1
KEY WEST FL 33040

3. Date Incorporated or Qualified

10/26/1982

4. FEI Number

59-2242292

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

HOLLINSED, MICHAEL S.
611 SOUTHARD STREET, APT. 1
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81

Name

DON FREEMAN

82

Street Address (P.O. Box Number is Not Acceptable)

611 SOUTHARD STREET

83

City

KEY WEST FLORIDA UNIT #1

84

City

KEY WEST

FL

85

Zip Code

33040

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE *Don Freeman*

Don Freeman

7/31/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	HOLLINSED, MICHAEL S.	611 SOUTHARD ST	KEY WEST FL	<input checked="" type="checkbox"/>
D	DOENECKE, NORMA	611 SOUTHARD STR, UNIT 4	KEY WEST FL	<input checked="" type="checkbox"/>
D	SIBLEY, JOHN	609 SOUTHARD STR, UNIT 6	KEY WEST FL	<input type="checkbox"/>
PRESIDENT	MARTIN GORD	609 SOUTHARD STREET #8	KEY WEST, FLORIDA 33040	<input type="checkbox"/>
D	DON FREEMAN	611 SOUTHARD STREET #1	KEY WEST, FLORIDA 33040	<input type="checkbox"/>
				<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PRESIDENT	MARTIN GORD	609 SOUTHARD STREET #8	KEY WEST, FLORIDA 33040	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	DON FREEMAN	611 SOUTHARD STREET #1	KEY WEST, FLORIDA 33040	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John L. Sibley Jr* 7/31/98 203-254-0617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (5/98)