

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90031 014 \*\*\*\*61.25

<b>DOCUMENT # N02000003394</b> 1. Entity Name <b>HOLLY HILL CHAPTER #5355 OF AARP, INC.</b>			
Principal Place of Business <b>1000 WALKER ST #328</b> <b>HOLLY HILL, FL 32117</b>		Mailing Address <b>P.O. BOX 250544</b> <b>HOLLY HILL, FL 32125-0544 US</b>	
2. Principal Place of Business <i>Living</i> <b>Riviera Assisted</b> Suite, Apt. #, etc. <b>1825 Ridgewood Ave</b> City & State <b>Holly Hill, FLA</b> Zip <b>32117</b>		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HOLSMANN, CAMILLE</b> <b>1000 WALKER ST.</b> <b>LOT 238</b> <b>HOLLY HILL, FL 32117</b>		7. Name and Address of New Registered Agent Name Street Address City Zip Code	
8. 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. I am familiar with, and accept obligations of registered agent. SIGNATURE: <i>Rose Ellen Biggers</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE: <i>Feb-18-04</i>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMITT, LOUIS P POB 731384 ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> <i>Rose Biggers</i> <i>1502 Tuscaloosa Ave</i> <i>Holly Hill, FL 32117</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BIGGERS, ROSE E 1502 TUSCALOOSA HOLLY HILL, FL 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VP</i> <i>Hulsmann, Camille</i> <i>1000 Walker St #238</i> <i>Holly Hill FL 32117</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HULSMANN, CAMILLE 1000 WALKER STREET #238 HOLLY HILL, FL 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> <i>Rita Konietzky</i> <i>1405 Moravia Ave</i> <i>Holly Hill, FL 32117</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEVENS, MARY JANE 1000 WALKER STREET #302 HOLLY HILL, FL 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T Stevens, Mary Jane</i> <i>1000 Walker St #302</i> <i>Holly Hill Fla 32117</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Rose Ellen Biggers</i> <i>Rose Ellen Biggers</i> <i>2-18-4</i> <i>3862554087</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			