


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90555 006 \*\*\*\*61.25

<b>DOCUMENT # N02000003394</b> 1. Entity Name <b>HOLLY HILL CHAPTER #5355 OF AARP, INC.</b>					
Principal Place of Business <b>RIVIERA ASSISTED LIVING 1825 RIDGEWOOD AVE. HOLLY HILL, FL 32117</b>			Mailing Address <b>P.O. BOX 250544 HOLLY HILL, FL 32125-0544 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BIGGERS, ROSE 1502 TUSCALOOSA AVE. HOLLY HILL, FL 32117</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BIGGERS, ROSE</b>		NAME		
STREET ADDRESS	<b>1502 TUSCALOOSA AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HOLLY HILL, FL 32117</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HULSMANN, CAMILLE</b>		NAME		
STREET ADDRESS	<b>1000 WALKER ST #238</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HOLLY HILL, FL 32117</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KONIETZKY, RITA</b>		NAME		
STREET ADDRESS	<b>1405 MORA VIA AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HOLLY HILL, FL 32117</b>		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STEVENS, MARY JANE</b>		NAME	<b>T SHEA, LOIS</b>	
STREET ADDRESS	<b>1000 WALKER STREET #302</b>		STREET ADDRESS	<b>1000 Walker St. # 363 Holly Hill FL 32117</b>	
CITY-ST-ZIP	<b>HOLLY HILL, FL 32117</b>		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>STEVENS, MARY JANE</b>		NAME	<b>D. Stevens, Mary Jane</b>	
STREET ADDRESS	<b>1000 WALKER ST, #302</b>		STREET ADDRESS	<b>1000 Walker St. #302 Holly Hill FL 32117</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH, FL 32117</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>SCHMITT, LOU</b>		NAME	<b>D RICHARDSON, JOAN</b>	
STREET ADDRESS	<b>1000 Walker St. #328 Holly Hill FL 32117</b>		STREET ADDRESS	<b>1000 Walker St. #87 Holly Hill, FL 32117</b>	
CITY-ST-ZIP	<b>32117</b>		CITY-ST-ZIP		
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.					
<b>SIGNATURE: X <i>Rose Ellen Biggers</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>(ROSE BIGGERS)</b> <small>Date</small>		
			<b>APRIL 12, 2005 (386-255-4687)</b> <small>Daytime Phone #</small>		