

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05347

**FILED**  
**Mar 14, 2010**  
**Secretary of State**

**Entity Name:** THE DOGWOOD/HOLLY ASSOCIATION, INC.

**Current Principal Place of Business:**

855 ORCHID SPRINGS DR  
WINTER HAVEN, FL 33884 US

**New Principal Place of Business:**

841 ORCHID SPRINGS DR  
WINTER HAVEN, FL 33884 US

**Current Mailing Address:**

855 ORCHID SPRINGS DR  
WINTER HAVEN, FL 33884 US

**New Mailing Address:**

841 ORCHID SPRINGS DR  
WINTER HAVEN, FL 33884 US

**FEI Number:** 59-2454850

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAWLINS, MICHELE  
855 ORCHID SPRINGS DR  
WINTER HAVEN, FL 33884 US

**Name and Address of New Registered Agent:**

REDINBO, CHRISTINA  
841 ORCHID SPRINGS DR  
WINTER HAVEN, FL 33884 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: CHRISTINA REDINBO

03/14/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: MATHEWS, JULIE  
Address: 1151 S LAKE STARR BLVE  
City-St-Zip: LAKE WALES, FL 33898

Title: TD  
Name: RAWLINS, MICHELE  
Address: 855 ORCHID SPRINGS DR  
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD  
Name: REDINBO, CHRISTINA  
Address: 841 ORCHID SPRINGS DR  
City-St-Zip: WINTER HAVEN, FL 33884

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: CHRISTINA REDINBO

TD

03/14/2010

Electronic Signature of Signing Officer or Director

Date