

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

DOCUMENT# N06000006782

**FILED**  
**Jan 30, 2010**  
**Secretary of State**

**Entity Name:** HOLLY HILL HISTORIC PRESERVATION SOCIETY, INC.

**Current Principal Place of Business:**

1065 RIDGEWOOD AVE.  
HOLLY HILL, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 250704  
HOLLY HILL, FL 32117

**New Mailing Address:**

**FEI Number:** 42-1691772

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WIGGINS, DEAN  
450 CENTER AVENUE  
HOLLY HILL, FL 32117 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ROWE, DAVID  
**Address:** 900 MAY AV  
**City-St-Zip:** HOLLY HILL, FL 32117

**Title:** V  
**Name:** WIGGINS, DEAN  
**Address:** 450 CENTER AV  
**City-St-Zip:** HOLLY HILL, FL 32117

**Title:** S  
**Name:** EDWARDS, KEN  
**Address:** 2440 LIPIZZAN TRAIL  
**City-St-Zip:** ORMOND BEACH, FL 32174

**Title:** T  
**Name:** GILLES, BLAIS  
**Address:** 710 MAGNOLIA AV  
**City-St-Zip:** HOLLY HILL, FL 32117

**Title:** D  
**Name:** CAPPuccio, POLLY  
**Address:** 558 RIVERSIDE DR  
**City-St-Zip:** HOLLY HILL, FL 32117

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:** DEAN WIGGINS

VP

01/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date