

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90097 049 ****70.00

DOCUMENT # N07430 1. Entity Name HOLLY FOREST MOBILE HOMEOWNERS ASSOC. INC.			
Principal Place of Business 1000 WALKER HOLLYHILL, FL 32117 US		Mailing Address 1000 WALKER ST SUITE 999 HOLLYHILL, FL 32117 US	
2. Principal Place of Business - No P.O. Box # 1000 WALKER ST., #999		3. Mailing Address 1000 WALKER ST., #999	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Holly Hill		City & State Holly Hill	
Zip 32117		Zip 32117	
Country Volusia		Country Volusia	
4. FEI Number 59-2496443		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOPER, LINDA 1000 WALKER SUITE 999 HOLLY HILL, FL 32117		7. Name and Address of New Registered Agent Name LINDA BENDER Street Address (P.O. Box Number is Not Acceptable) 1000 WALKER ST., #999 City Holly Hill FL Zip Code 32117	
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 <u><i>Linda A. Bender</i></u> LINDA A. BENDER, PRESIDENT 3/25/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM DRAKE, BARBARA 1000 WALKER ST., #326 HOLLY HILL, FL 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition TRASURER PHILOMENA BONGERS, PHILOMENA 1000 WALKER ST., #119 HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, ANN 1000 WALKER ST #31 HOLLY HILL, FL 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition SECRETARY PAUL WILSON 1000 WALKER ST., #335 HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIVESAY, YVONNE 1000 WALKER ST., #35 HOLLY HILL, FL 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition DIRECTOR STEPHANIE GLAZE 1000 WALKER ST., #290 HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONTI, JIM 1000 WALKER ST., #6 HOLLY HILL, FL 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition DIRECTOR KATHY LOMMEN 1000 WALKER ST., #392 HOLLY HILL, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM WILLMAN, JIM 1000 WALKER ST., #28 HOLLY HILL, FL 32117	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM FLETCHER, ROSELIE 1000 WALKER ST., #258 HOLLY HILL, FL 32117	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 exemptions contained in Chapter 119, 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: <u><i>Philomena Bongers</i></u> PHILOMENA BONGERS 386-252-4044 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

3/26/07