

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16779

FILED  
Mar 07, 2009  
Secretary of State

**Entity Name:** HOLLY OAKS COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O CHARLES BURGESS  
1144 HOLLY OAKS COURT  
JACKSONVILLE, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CHARLES BURGESS  
1144 HOLLY OAKS COURT  
JACKSONVILLE, FL 32259 US

**New Mailing Address:**

**FEI Number:** 59-3298974

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURGESS, CHARLES  
1144 HOLLY OAKS COURT  
JACKSONVILLE, FL 32259 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: D ( ) Delete  
Name: CHAMBLISS, KATHLEEN  
Address: 1192 HOLLY OAKS COVE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: DV ( ) Delete  
Name: PRYCE-JONES, ROBERT  
Address: 1170 HOLLY OAKS COVE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete  
Name: VAGHEFI, REZA  
Address: 1065 HOLLY OAKS COVE  
City-St-Zip: JACKSONVILLE, FL 32259

Title: DS ( ) Delete  
Name: HUMPHREY, CATHY  
Address: 1052 HOLLY OAKS COVE  
City-St-Zip: JACKSONVILLE, FL

Title: DP ( ) Delete  
Name: BURGESS, CHARLES  
Address: 1144 HOLLY OAKS CT  
City-St-Zip: JACKSONVILLE, FL

Title: DT ( ) Delete  
Name: LOWE, ELIZABETH  
Address: 1076 HOLLY OAKS COVE  
City-St-Zip: JACKSONVILLE, FL 32259

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELIZABETH LOWE

DT

03/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date