

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90070 013 ****61.25

DOCUMENT # N16905

1. Entity Name
HOLLY HILL RHF HOUSING, INC.



Principal Place of Business
**900 LPG BLVD
HOLLY HILL, FL 32117-3113 US**

Mailing Address
**911 N. STUDEBAKER ROAD
C/O RHF
LONG BEACH, CA 90815 US**

DO NOT WRITE IN THIS SPACE



03222006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2742497

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MASUDA, TOM S 911 N. STUDEBAKER ROAD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON RUSTEN, JOHN 911 N. STUDEBAKER ROAD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRNKA, JOHN E 911 N. STUDEBAKER ROAD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LISTOE, LINDA 911 N. STUDEBAKER ROAD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH, LAVERNE R 911 N. STUDEBAKER ROAD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KING, DONALD W 911 N. STUDEBAKER ROAD LONG BEACH, CA 908154900

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IN THIS SPACE**

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

Linda Listoe
Linda Listoe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/07/2006
Date

(562) 257-5100
Daytime Phone #