2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 08:00 A
Secretary of State

DOCUMENT # N16905

1. Entity Name
HOLLY HILL RHF HOUSING, INC.

Principal Place of Business	Mailing Address
900 LPGA BLVD HOLLY HILL, FL 32117-3113 US	911 N. STUDEBAKER ROAD C/O RHF LONG BEACH, CA 90815 US

03202008 No Chg-NP CR2E037 (4/06)

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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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	MASUDA, TOM S
STREET ADDRESS	911 N. STUDEBAKER ROAD
CITY-ST-ZIP	LONG BEACH, CA 908154900
TITLE	VC
NAME	POTTER, CHRISTINA E
STREET ADDRESS	911 N. STUDEBAKER ROAD
CITY-ST-ZIP	LONG BEACH, CA 908154900
TITLE	D
NAME	TRNKA, JOHN E
STREET ADDRESS	911 N. STUDEBAKER ROAD
CITY-ST-ZIP	LONG BEACH, CA 908154900
TITLE	S
NAME	STOUFF, DEBORAH
STREET ADDRESS	911 N. STUDEBAKER ROAD
CITY-ST-ZIP	LONG BEACH, CA 908154900
TITLE	PD
NAME	JOSEPH, LAVERNE R
STREET ADDRESS	911 N. STUDEBAKER ROAD
CITY-ST-ZIP	LONG BEACH, CA 908154900
TITLE	VD
NAME	KING, DONALD W
STREET ADDRESS	911 N. STUDEBAKER ROAD
CITY-ST-ZIP	LONG BEACH, CA 908154900

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04/18/08-80071-004 61.25

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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: Deborah J. Stouff Deborah J. Stouff, Secretary 3-24-08 562-257-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #