

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000006164 (7)**

1. Corporation Name

**HOLLYROD PARK HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business

**45 ABBEY ROAD  
CRESTVIEW FL 32539**

Mailing Address

**45 ABBEY ROAD  
CRESTVIEW FL 32539**

3. Date Incorporated or Qualified  
**12/19/1994**

3a. Date of Last Report  
**03/28/1995**

2. Principal Place of Business  
**21 26 HOLLY ROAD**

2a. Mailing Address  
**26 16 HOLLY ROAD**

4. FEI Number  
**59-3300639**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State  
**23 CRESTVIEW FL**

City & State  
**28 CRESTVIEW FL**

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

Zip  
**24 32539-7328**

Country  
**25 OKALOOSA**

Zip  
**29 32539-7328**

Country  
**30 OKALOOSA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PETERMANN, RICHARD P  
25 WALTER MARTIN ROAD NE  
FT WALTON BEACH FL 32548**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | PD                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | MAYNARD, SCOTT          |  |
| STREET ADDRESS | 39 ABBEY ROAD           |  |
| CITY-ST-ZIP    | CRESTVIEW FL 32539-7328 |  |
| TITLE          | VD                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | ECHAVARRIA, BALASAR     |  |
| STREET ADDRESS | 45 ABBEY ROAD           |  |
| CITY-ST-ZIP    | CRESTVIEW FL 32539-7328 |  |
| TITLE          | SD                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | MCKINLEY, ILLONA        |  |
| STREET ADDRESS | 29 REGENT ROAD          |  |
| CITY-ST-ZIP    | CRESTVIEW FL 32539-7328 |  |
| TITLE          | TD                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | ECHAVARRIA, GLORIA      |  |
| STREET ADDRESS | 45 ABBEY ROAD           |  |
| CITY-ST-ZIP    | CRESTVIEW FL 32539-7328 |  |
| TITLE          | D                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | KARMIK, WILLIAM         |  |
| STREET ADDRESS | 44 ABBEY ROAD           |  |
| CITY-ST-ZIP    | CRESTVIEW FL 32539-7328 |  |
| TITLE          | TD                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | MCKINLEY, RONNIE        |  |
| STREET ADDRESS | 29 REGENT ROAD          |  |
| CITY-ST-ZIP    | CRESTVIEW FL            |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                         |  |
|--------------------|-------------------------|--|
| 1.1 TITLE          | PD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | LYNTON MURRY            |  |
| 1.3 STREET ADDRESS | 26 HOLLY ROAD           |  |
| 1.4 CITY-ST-ZIP    | CRESTVIEW FL 32539-7328 |  |
| 2.1 TITLE          | VD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | CURTIS SCHULTZ          |  |
| 2.3 STREET ADDRESS | 24 HOLLY ROAD           |  |
| 2.4 CITY-ST-ZIP    | CRESTVIEW FL 32539-7328 |  |
| 3.1 TITLE          | SD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | LISA KENNEDY            |  |
| 3.3 STREET ADDRESS | 25 HOLLY ROAD           |  |
| 3.4 CITY-ST-ZIP    | CRESTVIEW FL 32539-7328 |  |
| 4.1 TITLE          | TD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | WALT KINNE              |  |
| 4.3 STREET ADDRESS | 16 HOLLY ROAD           |  |
| 4.4 CITY-ST-ZIP    | CRESTVIEW FL 32539-7328 |  |
| 5.1 TITLE          | D                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | JIMMY FELL              |  |
| 5.3 STREET ADDRESS | 15 COURTNEY ROAD        |  |
| 5.4 CITY-ST-ZIP    | CRESTVIEW FL 32539-7328 |  |
| 6.1 TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                         |  |
| 6.3 STREET ADDRESS |                         |  |
| 6.4 CITY-ST-ZIP    |                         |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Walter H. Kinne Jr. **WALTER H. KINNE JR.** SMAR 96 904 884-8483  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)