

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

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1. Corporation Name

HOLLYROD PARK HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

26 HOLLY RD
CRESTVIEW FL 32539
US

16 HOLLY RD
CRESTVIEW FL 32539
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 26 Holly Rd
Suite, Apt. #, etc.

12/19/1994

4. FEI Number
59-3300639

Applied For
Not Applicable

23 City & State

27 City & State
28 CRESTVIEW, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country
25 32539 29 US

29 Zip Country
30 32539 US

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME MURRY, LYNTON
STREET ADDRESS 26 HOLLY RD
CITY-ST-ZIP CRESTVIEW FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD
NAME SCHULTZ, CURTIS
STREET ADDRESS 24 HOLLY RD
CITY-ST-ZIP CRESTVIEW FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME KENENDY, LISA
STREET ADDRESS 25 HOLLY RD
CITY-ST-ZIP CRESTVIEW FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME KINNE, WALTER
STREET ADDRESS 16 HOLLY RD
CITY-ST-ZIP CRESTVIEW FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME FELL, JIMMY
STREET ADDRESS 15 COURTNEY RD
CITY-ST-ZIP CRESTVIEW FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
WALTER H. KINNE JR 3/28/99 850-881-2601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)