

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 OCT 26 AM 10:28

DOCUMENT # N95000003963 (4)

1. Corporation Name

HOLLYBROOK RESIDENT ASSOCIATION INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

104 KING ST
JACKSONVILLE FL 32204

104 KING ST
JACKSONVILLE FL 32204

3. Date Incorporated or Qualified

08/17/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FUDGE, LINDA M
104 KING ST
#49
JACKSONVILLE FL 32204

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
NAME FUDGE, LINDA
STREET ADDRESS 104 KING ST #49
CITY-ST-ZIP JACKSONVILLE 32 204
TITLE VPT
NAME HOUSE, YVONNE
STREET ADDRESS 104 KING ST
CITY-ST-ZIP JACKSONVILLE FL
TITLE IT
NAME HOGAN, YVONNE
STREET ADDRESS 104 KING ST
CITY-ST-ZIP JAX FL 32204
TITLE ST
NAME ELAM, BRENDA
STREET ADDRESS 104 KING ST
CITY-ST-ZIP JAX FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P.O.
1.2 NAME
1.3 STREET ADDRESS Brown, Elna
1.4 CITY-ST-ZIP 104 King St. Apt. 103
Jacksonville, Fl. 32204
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE T.T.
3.2 NAME Hogan, Yvonne
3.3 STREET ADDRESS 104 King St. Apt. 119
3.4 CITY-ST-ZIP Jacksonville, Fl. 32204
4.1 TITLE S.T.
4.2 NAME Elam, Brenda
4.3 STREET ADDRESS 104 King St. Apt. 31
4.4 CITY-ST-ZIP Jacksonville, Fl. 32204
5.1 TITLE 600002676788
5.2 NAME
5.3 STREET ADDRESS -10/30/98--01057--002
5.4 CITY-ST-ZIP ***236.25
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-5-98 (904) 388-3457

CR2E037 (5/98)