

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**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90053 020 \*\*\*\*61.25

DOCUMENT # N95000003963

i. Corporation Name

HOLLYBROOK RESIDENT ASSOCIATION INC.

Principal Place of Business

104 KING ST  
JACKSONVILLE FL 32204

Mailing Address

104 KING ST  
JACKSONVILLE FL 32204



Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

25

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

3. Date Incorporated or Qualified

08/17/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

FUDGE, LINDA M

104 KING ST

#49

JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name EdNA Brown X

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

104 King St. #103

83

84 City Jacksonville

FL

85 Zip Code 32204

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

(NOTE: Registered Agent signature required when reinstating)

DATE

EdNA Brown - President EdNA Brown X 01-14-99

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PD BROWN, ELNA ☐ DELETE

104 KING ST APT 103  
JACKSONVILLE FL 32204

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD EdNA Brown ☐ Change ☐ Addition

104 King St #103

JACKSONVILLE, FLA. 32204

TT HOGAN, YVONNE ☐ DELETE

104 KING ST APT 119  
JACKSONVILLE FL 32204

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TT Yvonne Hogan ☐ Change ☐ Addition

104 King St #119

JACKSONVILLE, FL. 32204

ST ELAM, BRENDA ☒ DELETE

104 KING ST APT 31  
JACKSONVILLE FL 32204

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

ST Elaine Polke ☐ Change ☐ Addition

104 King St #151

JACKSONVILLE, FLA. 32204

V.P. ☐ DELETE

John Cribb  
104 King St #81  
Jacksonville, FLA. 32204

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

John Cribb - V.P. ☐ Change ☐ Addition

104 King St #81

JACKSONVILLE, FL. 32204

Chaplin ☐ DELETE

Mac Etha Bailey  
104 King St #123  
Jacksonville, FL. 32204

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Chaplin ☐ Change ☐ Addition

Mac Etha Bailey

JACKSONVILLE, FL. 32204

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: EdNA Brown SIGNATURE REQUIRED EdNA Brown 01-14-99 (904) 384-5517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)