2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2007 8:00 am Secretary of State

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1. Entity Nam	MENT # N95000004 CLUB OF HOLLY HILL, IN			90054 028 ****6	51.25			
Principal Place 1652 CORDO HOLLY HILL,	OVA AVE.	Mailing Address P.O. BOX 250671 HOLLY HILL, FL 32125			000234		111 24 6 1 (201	
2. Principal P	face of Business - No P.O. Box #	3 Mailing Address 1642 Cordova	a Ave					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042007 CI	ng-NP	CR2E037 (12/06)		
City & State		City & State Holly Hill, FL 32117		4. FEI Number 59-616891	5	 +	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	S8.75 Add	ditional	
-	6. Name and Address of Current	Registered Agent	ŀ	7. Name and Add	ress of New Re	gistered Agent		
WOOTEN,								
	DOVA AVE LL, FL: 32117	Street Address (ress (P.O. Box Number is l	(P.O. Box Number is Not Acceptable)			
1								
;	i.		City			FL Zip Cod	e	
	named entity submits this statement t	or the purpose of changing its re-	gistered office or re	gistered agent, or both, in	the State of Flor	ida. I am familiar with,	and accept	
the obligat	ions of registered agent.							
SIGNATURE	My Worth	John D	. Wooten			1/5/07		
SIGNATURE	Signature, typed or printed name of registered agen		Registered Agent signature			DATE		
	EDI E I_	9. Election Camp	aion Financino	er 00	Ma	ike check payable t		
	Filling Fee is \$61.25 Due by May 1, 2007	Trust Fund Cor		\$5.00 May Be Added to Fees		da Department of S		
10.				Added to rees				
10.	OFFICERS AND D	RECTORS	11.	7,100,00 10 7,000	ES TO OFFICER	S AND DIRECTORS IN	l 10	
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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 cath; 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:	John shower	John D. Wooten	1/5/07	
	SIGNATURE AND TYPED OR PRINTED NAME OF SK	INING OFFICER OR DIRECTOR	Date	Daytime Phone #