


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90012 028 \*\*\*\*61.25

<b>DOCUMENT # N96000000192</b>	
1. Entity Name <b>HOLLYRIDGE OWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>2867 EVERHOLLY LANE JACKSONVILLE, FL 32223 US</b>	Mailing Address <b>2867 EVERHOLLY LANE JACKSONVILLE, FL 32223 US</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

400100



02202006 Chg-NP CR2E037 (11/05)

4. FEI Number <b>59-3447864</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MILLER, MICHAEL S 2856 SWEET HOLLY DR JACKSONVILLE, FL 32223</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	NASWORTHY, R.C.			NAME	ACKLEY, GARY		
STREET ADDRESS	2850 EVERHOLLY LA			STREET ADDRESS	2843 EVERHOLLY LA.		
CITY-ST-ZIP	JACKSONVILLE, FL 32223			CITY-ST-ZIP	JACKSONVILLE, FL 32223		
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, MICHAEL S			NAME			
STREET ADDRESS	2856 SWEET HOLLY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32223			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LONG, WILLIAM			NAME			
STREET ADDRESS	2867 EVERHOLLY LANE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32223			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEHMANN, JAY			NAME			
STREET ADDRESS	2856 EVERHOLLY LA			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32223			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLEMAN, JIM			NAME			
STREET ADDRESS	2826 EVERHOLLY LA			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32223			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'HARA, H			NAME			
STREET ADDRESS	2840 SWEET HOLLY DRIVE			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32223			CITY-ST-ZIP			

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** William B. Long DT **21 FEB 2006** **904.880-3511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #